MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00742

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3511 Overbrook Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 3511 Overbrook Rd

3. NAME OF DECEASED (Type or Print): (First) MOSS (Middle) (Last) AARONS

4. DATE OF DEATH: (Month) 7- (Day) 2- (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan

14. MOTHER'S MAIDEN NAME: Rachael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Herbert Millhauser - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) coronary occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteri - sclerosis — 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1949, to July 2, 1953; that I last saw the deceased alive on July 2, 1953, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Same M.D. 1320 Eutaw Pl. July 3/53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: July 5, 1953 | NAME OF CEMETERY OR CREMATORY: Beth Tfiloh Friendship | LOCATION (City, town, or county): Balto (State): Md.

DATE REC'D BY LOCAL REG.: JUL 5 1953 | REGISTRAR'S SIGNATURE: E. W. Hedrick Huntington Woods Md. | 24. FUNERAL DIRECTOR: Jack Levin Inc. | ADDRESS: 2100 Eutaw Pl.

Whitehouse pl
Exeter
1720 Ka 1129

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06743

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River (21) — LENGTH OF STAY (in this place) 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Michigan — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Detroit
STREET ADDRESS (If rural give location) 9710 Yosmite Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ann (Last) Allen

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1953

5. SEX: Fem

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 3-1-1883

9. AGE Last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Foundland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Pieroway

14. MOTHER'S MAIDEN NAME: Sarah Mersruy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edna Holbrook - 31 Flagship Rd. Dundalk, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Respiratory failure — Immed.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral hemorrhage — 7 Days

DUE TO

(c) Arterio-sclerotic cerebral vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 54 to July, 1953, that I last saw the deceased alive on July 4, 1953 and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Louis Semenoff MD — 1437 Fuselage Ave, Balto 20, Md — 7/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-8-53 — NAME OF CEMETERY OR CREMATORY White Chapel Mem — LOCATION (City, town, or county) (State) Detroit, Mich.

DATE REC'D BY LOCAL REGISTRAR July 7, 1953 — REGISTRAR'S SIGNATURE Edith Hurley — 24. FUNERAL DIRECTOR — ADDRESS Wilkes Funeral Home Bradley - Dundalk, Md.

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

016744

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15A-1

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1619 E. Joppa Rd; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Attain

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct. 9, 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Whitford, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Randall Attain

14. MOTHER'S MAIDEN NAME: Jane Beattie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ellsworth W. Attain, Whitford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, vascular; coronary occlusion	Sudden
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin C. Hudson M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 7/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 13/1953 | NAME OF CEMETERY OR CREMATORY Glen Ridge | LOCATION (City, town, or county) (State) Delta, Pa.

DATE RECD BY LOCAL REG. July 14, 1953 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR John H. Hoskins | ADDRESS Delta, Pa.

RECEIVED
JUL 16 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U6745

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
MARYLAND
LENGTH OF STAY (in this place) 2 years 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove 16 State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights, Hillside 16X7
STREET ADDRESS (If rural give location) 1402 Fifty sixth Avenue

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) A. (Last) Bailey

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-4-1899

9. AGE Last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired empl. Capitol Transit Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C. 48

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Bailey

14. MOTHER'S MAIDEN NAME: Florence Allen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Terminal pneumonia — 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Years
DUE TO (c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple encephalomalacia — Year

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7-, 19 53, to 7-16-, 19 53, that I last saw the deceased alive on 7-16-, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann-Green MD (Degree or Title) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 7-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-18-53 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 17, 1953 — REGISTRAR'S SIGNATURE George W Hermann

24. FUNERAL DIRECTOR J. Wm Lee Lee Co. Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06746

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shane
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Open Shaw Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shane
STREET ADDRESS (If rural, give location) Open Shaw Road

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Dewees (Last) Baker
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 30 1881
9. AGE last birthday 71 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY B&O R.R.
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Baker
14. MOTHER'S MAIDEN NAME Ann Eliza Collyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 205-09-6361
17. INFORMANT AND ADDRESS Mrs Mabel W. Baker Whitehall Md. Rte 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio - Vascular renal disease

4422 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 5/, to July 20, 19 53, that I last saw the deceased alive on July 20, 19 53, and that death occurred at 8 40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. M. Frame M.D. Parkton md. 7/21/53

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE July 23, 1953
NAME OF CEMETERY OR CREMATORY Greenmount.
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. July 25, 1953
REGISTRAR'S SIGNATURE Mrs Howard S. Mayhew
24. FUNERAL DIRECTOR, ADDRESS John Burns Sons 610 York Rd Towson

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 6 S. Carrollton Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARCUS (Middle) (Last) BAKER

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-28-79

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: (Self employed) (PAINTING)

11. BIRTHPLACE (State or foreign country): Hulberton, N. Y.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Baker

14. MOTHER'S MAIDEN NAME: Ellen Case

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) 2-23-01 2-24-04

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 X

Immediate cause (a) STRICTURE OF URETHRA — Interval Between Onset And Death: 13 YEARS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) PAPILLARY CARCINOMA OF BLADDER — UNKNOWN

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-26-53

19b. MAJOR FINDINGS OF OPERATION: Suprapubic cystoscopy - I & D scrotal examination

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1953, to July 1, 19 53, [redacted] and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE [redacted] (Degree or title) WILLIAM B. VANDEGRIFT, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 7-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 3, 1953

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/3/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Road, Baltimore 14, Maryland

Mildred T. Blight

VS. 16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. The correct age is especially important, please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Helen Bandzwolek

2. DATE OF DEATH: July 14 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. Co. — Dundalk

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - 1
D. STREET ADDRESS (If rural, give location): 6803 Youngstown Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Dec. 1908	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Turant

14. MOTHER'S MAIDEN NAME: Frances ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jerry Bandzwolek ADDRESS:

MEDICAL TION

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the rectum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION.

(B)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 1951

19B. MAJOR FINDINGS OF OPERATION: Ca Rectum

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 6/22, 1953 *to* 7/18, 1953, *that I last saw the deceased alive on* 7/18, 1953 *and that death occurred at* 7:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. W. Hedrick M.D.

23B. ADDRESS: 1601 Eastern Ave

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: July 22/53

24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary

24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR:

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Fred W Ozazewski ADDRESS: 1930 Eastern Ave

VS 150

VS. A15

Rec'd. in N.S.
July 23, 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 P 1911

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Gray Manor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Oakwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gray Manor
STREET ADDRESS (If rural, give location) 7 Oakwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) HATTIE (Last) BARCLAY

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 1 1902

9. AGE last birthday: 50 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Angus Cooke

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: George Barclay (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Pulmonary oedema — Interval between onset and death: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Coronary Thrombosis — 2 days
DUE TO (c) Rheumatoid ARTHRITIS — 15 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcers — 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1939, to July 15, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE Morris A. Jacobs (DEGREE OR TITLE) M.D. ADDRESS 1010 North Point Rd DATE SIGNED 7/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 20-1953
NAME OF CEMETERY OR CREMATORY Balto. National
LOCATION (City, town, or county) Frederick Rd. (State) Md.

DATE REC'D BY LOCAL REG. 7/17/3
REGISTRAR'S SIGNATURE Faith Hurley

24. FUNERAL DIRECTOR John J Connelly ADDRESS 418 Eastern Ave Balto. 21 Md.

RECEIVED
JUL 20 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bonds Spring Point — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DISPENSARY Bethlehem Steel Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 250 PATAPSCO AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sam		Berto	7	1	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	MARRIED	5-14-1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	STEEL MFGR.	BRAZIL	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GENERIO	ANGELA DOECHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	213-09-2697	SAMUEL F. BERTO, SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Complete Crushing & Tearing apart of

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Entire Body & Fracture of all bones,

(c) Evisceration of abdominal Contents etc

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Bet Steel Co-	(CITY OR TOWN) Sp. Pt.	(COUNTY) Balto	(STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY 7-1-53 10:20 a.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Crushed under Lorry Car Blast Furnace		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W F Davis MD	Dep Med Exam	Dundalk Md	7/1/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-3-53	Mt Olivet	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3-53	Dawson L. Harbre	Smith Brooks Funeral Home	

RECEIVED
JUL 6 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AJ7

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall P.O. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old York Road near Shane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall P.O.
STREET ADDRESS (If rural, give location) Old York Rd. near Shane

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Matthew (Last) Birmingham

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 5, 1868

9. AGE last birthday: 85 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Candy Mfgr.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther M. Birmingham

14. MOTHER'S MAIDEN NAME: Alberta Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Ruth N. Birmingham, Shane, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular renal disease

442 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to July 1, 1953, that I last saw the deceased alive on July 1, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. W. Frana M.D. Parkton Md. 7/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 3, 1953 | NAME OF CEMETERY OR CREMATORY: West Liberty Cemetery | LOCATION (City, town, or county) (State): West Liberty, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: July 5-1953 | REGISTRAR'S SIGNATURE: Mrs Howard S. Markline | 24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md. | ADDRESS

RE
JUL 9
BUREA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALL

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sweet Air (Phoenix P.O.) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sweet Air Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sweet Air (Phoenix P.O.)
STREET ADDRESS (If rural, give location) Sweet Air Road

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Benson (Last) Bosley
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 25, 1912	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Roller Operator	Road Construction	Maryland	USA

13. FATHER'S NAME: James E. Bosley
14. MOTHER'S MAIDEN NAME: Deliah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	215-32-1388	Mrs. Evelyn M. Bosley, Phoenix P.O., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

0024 Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 19..., to July 21, 1953, that I last saw the deceased alive on July 20, 1953, and that death occurred at 2 m., from the causes and on the date stated above.

SIGNATURE: T. M. Frame Jr. M.D. (Degree or title) — ADDRESS: Fallston, Md. — DATE SIGNED: 7/21/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 23, 1953	St. John's Lutheran Cem.	Sweet Air, Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
July 23, 53	M. Elizabeth Goswell	John Burns' Sons, Towson, Md.

RECEIVED
JUL 27 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place) 24
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 54
STREET ADDRESS (If rural, give location) #5 Shore, Riverside Road

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Katherine (Last) BOTZLER
4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Sept. 12, 1908	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Baltimore, Md.	U.S.A.

13. FATHER'S NAME: John Olesh
14. MOTHER'S MAIDEN NAME: Amelia Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Henry L. Botzler, husband, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the Vulva with	- -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Metastasis	- -
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 1953	Ca Vulva & Generalized Metastasis.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED: While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			m.			

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] MD deputized [illegible] Glendale rd Md			7/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 11, 1953	Oak Lawn Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Schimunek Funeral Home, Inc.	2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govt
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Govt Hospital Martin Blvd near Race Rd Rt 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 714 Mt Holly St

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Bowersox (Last)
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 53
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): married
8. DATE OF BIRTH: Aug 28 1890
9. AGE: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pikesville Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Edward Bowersox
14. MOTHER'S MAIDEN NAME: Fannie R. Myerly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 4 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? On way home from work -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J M Learmonth M.D. Deputy Medical Examiner Dundalk 22 md 7/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 1, 1953
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 7/30/53
REGISTRAR'S SIGNATURE A. C. Hedrick
24. FUNERAL DIRECTOR Frederick A. Cole ADDRESS 1913 W. Balto St

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A6

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) Oakland Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Copeland (Last) Boyle

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 12, 1867

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter self employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlestown S.Carolina

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs Bernard Donell, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 4 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: ① Hernia, scrotal, large ② Blindness, bilateral

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1953 to July 13, 1953 that I last saw the deceased alive on July 13, 1953, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE Clarence E. McWilliams (Degree or title) M.D. ADDRESS Reisterstown Md. DATE SIGNED July 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 14, 1953

NAME OF CEMETERY OR CREMATORY Finksburg Cemetery

LOCATION (City, town, or county) (State) Finksburg, Carroll Co.

DATE REC'D BY LOCAL REGISTRAR 7-14-53

REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS J.F.Eline & Sons, Reisterstown, Md.

RECEIVED
Jul 16 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 58 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

STREET ADDRESS (If rural give location): 22½ West Street

3. NAME OF DECEASED: (Type or Print) (First) BERNARD (Middle) (Last) BRADY

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-15-89

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Brady

14. MOTHER'S MAIDEN NAME: Mary Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 212-16-9345

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

525X

Immediate cause (a) PNEUMONITIS, BILATERAL DUE TO PROTEUS VULGARIS — Interval Between Onset And Death: UNKNOWN

DUE TO INFECTION

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PULMONARY FIBROSIS, BILATERAL — UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-17-53

19b. MAJOR FINDINGS OF OPERATION: Tracheostomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1953, to July 21, 19 53, XXXXXXXXXXXXXXXXXXXXXXXXXXXX and that death occurred at 8:05 P.M., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (Degree or title) ADDRESS DATE SIGNED

JOSEPH M. MILLER, M.D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. 7-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 25, 1953 — NAME OF CEMETERY OR CREMATORY Dunkirk Cemet. — LOCATION (City, town, or county) (State) Calvert County, Md.

DATE REC'D BY LOCAL REGISTRAR July 24, 1953 — REGISTRAR'S SIGNATURE Dawson Sather

24. FUNERAL DIRECTOR Hopping Funeral Home, Annapolis, Maryland — ADDRESS

mnt.

SENT TO LOCAL REGISTRAR. No. ____ DATE 7/21/17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '57

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1349 Glynden Avenue

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) M. (Last) BREWER

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-16-94

9. AGE Last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William H. Brewer

14. MOTHER'S MAIDEN NAME: Lula Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 705-09-8139

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

162X

Immediate cause (a) BRONCHOGENIC CARCINOMA, LEFT LUNG WITH METASTASIS — 12 MO.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) TO BRAIN

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-3-52

19b. MAJOR FINDINGS OF OPERATION: Pneumonectomy, Left

U.S. MARINE HOSPITAL BALTO. Md.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22 1953, to July 6, 1953, and that death occurred at 3:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Abraham A. Polachek, M.D.
ABRAHAM A. POLACHEK, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-10-53

NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park Inc.

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR 7/7/53

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR
Howard Blight Funeral Home
6009 Harford Road, Baltimore 14, Md.
Mildred T. Blight

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cliffvale Ave Fullerton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton MD
STREET ADDRESS (If rural, give location) Cliffvale Ave - Fullerton P.O.

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) M. (Last) Brockmeyer

4. DATE OF DEATH: (Month) July (Day) 30TH (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Nov. 29 1885

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Balto. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Winkler

14. MOTHER'S MAIDEN NAME: Caroline Luskorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr Paul Brockmeyer - Cliffvale Ave Fullerton.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C. Vdisease (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 19 52 to July ..., 19 53 that I last saw the deceased alive on 7/30 ..., 19 53 and that death occurred at 12:45 m., from the causes and on the date stated above.

SIGNATURE and (Degree or title) Fred A. Ey D — ADDRESS 8402 Freeway — DATE SIGNED 7/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8/4/53 | NAME OF CEMETERY OR CREMATORY St Josephs. Cemetery | LOCATION (City, town, or county) Fullerton | (State) MD

DATE REC'D BY LOCAL REGISTRAR 8-3-53 | REGISTRAR'S SIGNATURE M Hammett | 24. FUNERAL DIRECTOR Lassahn Funeral Home - 7401 Belair Rd | ADDRESS Balto. 6. MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Pratt
8402 Greenway - Lock Raven Village.

RECEIVED
AUG 6 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6754

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 5-54

1. PLACE OF DEATH:

COUNTY BALTO. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE

LENGTH OF STAY (in this place) 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS BONNIE VIEW NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 2.

STREET ADDRESS (If rural, give location) 202 HILTON AVE.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
EDITH	LOUISE	BROSTROM	7	1	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	July 7, 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEPER	HOME	SWEDEN	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
DANIEL KALIN	MARIA ANDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs Harry Orton - 202 Hilton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days 7/1/53

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension & General Arteriosclerosis — 6 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6/3, 1953 to 7/1, 1953, that I last saw the deceased alive on 6/30, 1953, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Edith W. Jackman MD 343 Frederick Ave 7/3/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-3-53	Lorraine Park	Woodlawn	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/3/53	T E Harris	Dwight A Farley - Catonsville, Md.	

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(60)

Reg. Dist. No. 4[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 900 N. Montford Avenue

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) E. (Last) BROWN

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-13-79

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laundry Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pickaway Co., Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David Brown

14. MOTHER'S MAIDEN NAME: Amanda Foreman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes
(If Yes, give war or dates of service) 7-26-99 to 6-18-01

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
492 X
Immediate cause (a) PNEUMONITIS — Interval Between Onset And Death: 2½ WEEKS
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GENERAL ARTERIOSCIEROSIS, MARKED — 13 YEARS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 16, 19 53, to July 21, 1953, XXXXXXXXXXXXXXXX and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE XXXXXXXXXXXXXXXXXX — (Degree or title) — ADDRESS — DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 7-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 24 1953

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/24/53

REGISTRAR'S SIGNATURE: a W Hodgson

24. FUNERAL DIRECTOR — ADDRESS: Dippel Brothers Funeral Home Inc. 1800 E. Lombard Street, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Salem MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Kingston Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural give location) 812 Kingston Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ROWENA	FLYNN	BROWN	July	27,	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	Sept. 10, 1871	81 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	U. S. Gov't.	Virginia	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles D. Flynn	Julia Boyd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
-			Mr. Wm. J. Crichton-812 Kingston Rd.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
446X Immediate cause	(a) Decompensative Cardio Vascular Disease	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic Glomerular Nephritis	
	(c) DUE TO Arteriosclerosis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to July 27, 1953, that I last saw the deceased alive on 8:15 7/27 1953, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Laurence C. Tosh M.D. ADDRESS 6805 York Rd Baltimore Md DATE SIGNED 7/28/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Removal	7/29/53	-	Staunton, Va.	

DATE REC'D BY LOCAL REGISTRAR 7-28-53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Crichton & Sons ADDRESS Balto. 17, Md.

VS. A15

VS. A1 — MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md. — LENGTH OF STAY (in this place): 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6330 Frederick Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md.
STREET ADDRESS (If rural, give location): 6330 Frederick Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	G.	Browne	July	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 5, 1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Purchasing agent	Southern Hotel	Pawtucket, R.I.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-01-7331	Joseph B. Browne St. Paul & Baltos St. c/o Union Trust Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Bronchiectasis	3 yrs.
526 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)	Generalized Arteriosclerosis	—

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6 20, 1953 to 7-2, 1953 that I last saw the deceased alive on 7-2, 1953 and that death occurred at 11 30 P.M., from the causes and on the date stated above.

SIGNATURE: James Browne (Degree or title) — ADDRESS: Catonsville — DATE SIGNED: 7-3

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 4 1953	Loudon Park Cem.	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/6/53	V. E. Darcy mmf.	Easton Sons - 608 Frederick Ave.	Catonsville, Md.

RECEIVED
JUL 6 1
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) | LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3436 COURTWAY

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 3436 COURTWAY

3. NAME OF DECEASED (Type or Print): (First) METTIE (Middle) EMMA (Last) BUCHANAN

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 53 19

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 10-14-1899

9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESS OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: PRINTING

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: GEO. W. BEACHAM

14. MOTHER'S MAIDEN NAME: MARY E YARSONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 221-16-6932

17. INFORMANT AND ADDRESS: RICHARD L. BUCHANAN — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Generalized Carcinomatosis — Interval between onset and death: 8 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Cervix — 2½ yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to July 24, 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 8:50 A.M. (D.S.T.), from the causes and on the date stated above.

SIGNATURE: James T. Means | (Degree or title) M.D | ADDRESS 530 D St Fairmont Rd | DATE SIGNED 7/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 7-27-53 | NAME OF CEMETERY OR CREMATORY: LAUREL | LOCATION (City, town, or county) LAUREL, DEL. (State)

DATE REC'D BY LOCAL REG. July 25-1953 | REGISTRAR'S SIGNATURE: Wm. M. Kelly

24. FUNERAL DIRECTOR: Wilkie Burke Busby | ADDRESS: Dundalk, Md.

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1BA

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks Rural; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Stringtown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks, Rural; STREET ADDRESS (If rural, give location) Stringtown Rd.

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Woodrow (Last) Bull

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Apr. 30, 1912

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent

10b. KIND OF BUSINESS OR INDUSTRY: Stone Quarry

11. BIRTHPLACE (State or foreign country): Balto. Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard Bull

14. MOTHER'S MAIDEN NAME: Lula Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 214-20-5894

17. INFORMANT AND ADDRESS: Mrs. Myrtle Elizabeth Bull, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. M. France (Degree or title) M.D. ADDRESS: Parkton Md. DATE SIGNED: 7/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 25, 1953 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel M.E. | LOCATION (City, town, or county) (State): Mt. Carmel, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 24 July 53 | REGISTRAR'S SIGNATURE: Irene Ennis Asst Registrar | 24. FUNERAL DIRECTOR: Landon M. Brooks | ADDRESS: Sparks, Md.

RECEIVED
JUL 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ...ses of death clearly and legibly.

VS A154

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea — LENGTH OF STAY (in this place) 37 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4111. Overlea Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 4111 W. Overlea Ave

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) PAUL (Last) BURGEMEISTER
4. DATE OF DEATH: (Month) JULY (Day) 14 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Sept 20-1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stationary Engineer	Crown Cork & Seal Co	Germany	U S A

13. FATHER'S NAME: Adolph Burgemeister
14. MOTHER'S MAIDEN NAME: Eliz Schaffenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	213-01-0582-A	Mrs Chas P Burgemeister 4111 W Overlea Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
41-X Immediate cause	(a) Pulmonary Edema	30 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular Hypertensive Disease	2 years
	(c) Arteriosclerosis	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec, 1952, to July 14, 1953, that I last saw the deceased alive on July 14, 1953, and that death occurred at 2.00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Michael J. Rausch	M.D.	4636 Belair Rd	7-14-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/17/53	Parkwood Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 15, 1953	Mrs. M. F. Reynolds	Lassahn Funeral Home	7401 Belair Rd

RECEIVED
JUL 20 1953
BUREAU V. S.

Items 13,14 FilmG155 7/20/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLYNDON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE CITY
STREET ADDRESS (If rural, give location) 3813 ROLAND AVE

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) MAY (Last) BURNETT

4. DATE OF DEATH: (Month) JULY (Day) 11 (Year) 1953

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Omar Williams

14. MOTHER'S MAIDEN NAME: Lavina Tyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HARRY C BURNETT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	6 HRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C. V. DISEASE	25 YRS.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 1953, to 7/11, 1953, that I last saw the deceased alive on 7/11, 1953, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS Reisterstown, Md DATE SIGNED 7/11/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: JULY 14, 1953
NAME OF CEMETERY OR CREMATORY: LOUDON PARK
LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG.: July 11. 1953
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR ADDRESS: Austin E. Donovan 3818 Roland ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66767

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (In this place): 178 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
STREET ADDRESS (If rural give location): RFD #1

3. NAME OF DECEASED: (Type or Print) (First) STEPHEN (Middle) M. (Last) CARR

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/18/86

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Surveyor's Asst.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Carr

14. MOTHER'S MAIDEN NAME: Clara Nayler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

181X

Immediate cause (a) CANCER OF BLADDER — 2-½ years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1953, to July 27, 1953, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D.
ADDRESS: VAH, FORT HOWARD, MD.
DATE SIGNED: 7/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-28-53
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REGISTRAR: July 27-53
REGISTRAR'S SIGNATURE: Dawson L. Barber

24. FUNERAL DIRECTOR: HOWARD BLIGHT FUNERAL HOME
ADDRESS: 6009 Harford Road, Baltimore, Maryland
Mildred T. Blight

VS. A15

RECEIVED
JUL 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C.368

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 616 Braeside Road

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) ALMA (Last) CARROLL

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 16, 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles S. Caulk

14. MOTHER'S MAIDEN NAME: Margaret Scully

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John J. Carroll 616 Braeside Road 29.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) Intermediate Cardia-Renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c) Rheumatoid Arthritis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1953 to 7/26, 1953, that I last saw the deceased alive on 7/25, 1953 and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Delia Laughlin, M.D. 4508 Edmondson Village 9/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 29. 1953

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 7/28/53

REGISTRAR'S SIGNATURE A W Hedrich

24. FUNERAL DIRECTOR John F. Tenpel ADDRESS 5311 Edmondson Ave.

VS. A15 (Rev. 1951)

MARYLAND STATE DEPARTMENT OF HEALTH

06769

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonville Existing Yr. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House of the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto.
STREET ADDRESS (If rural, give location): 839 N. Monford Ave

3. NAME OF DECEASED (Type or Print): (First) Marr (Middle) Ann (Last) Cernik
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 11 1876
9. AGE last birthday: 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Patrick Dunphr
14. MOTHER'S MAIDEN NAME: Suzanne Fahren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: James V. Cernik 839 N. Monford Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Pulmonary Oedema — 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio Vascular Lesion — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 3

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1953, to July 2, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

SIGNATURE: Samuel Salzenberg (Degree or title) M.D. ADDRESS: Reisterstown Md. DATE SIGNED: 7/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 6-53 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Belair Rd Balto 6 Md.

DATE REC'D BY LOCAL REG.: 7-25-53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Riggel Bros. | ADDRESS: 1500 E. Lombard St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Tyndale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Arista (Last) Challender

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 18 1908

9. AGE last birthday: 44 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Fitter Journ

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Work

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas. Challender

14. MOTHER'S MAIDEN NAME: Alice Bonner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Emma E. Challender (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): July 7-53 2 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John Carmine M.D. — ADDRESS: Deputy Medical Examiner Balto. Co. Dundalk 22 md Hy — DATE SIGNED: 7/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/8/53 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county): Balto (State) Md.

DATE REC'D BY LOCAL REG.: July 7-1953 — REGISTRAR'S SIGNATURE: Mrs Mary B. Reifsnider

24. FUNERAL DIRECTOR: Lanahan Funeral Home — ADDRESS: 7401 Bel Air

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
1 9 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overbrook

LENGTH OF STAY (in this place) X

HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Weatherbee Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overbrook

STREET ADDRESS (If rural give location) 309 Weatherbee Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARY	ANN HINES	CHROW	July	1	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	May 23, 1873	80 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Penna.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Brown	Mary Dingle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No:	17. INFORMANT & ADDRESS:
-		Mr. Charles A. Chrow - 309 Weatherbee Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

442X

Immediate cause (a) ... DUE TO — Myocardial Decompensation — 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO — Hypertensive Cardio-Renal

(c) — Vascular disease — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ,1950, to July 1, 1953 that I last saw the deceased alive on July 1 1953, and that death occurred at 5:00 AM. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles F. O'Donnell MD	7501 York Rd Towson Md	7/1/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/3/53	Moreland Memorial Pk.	Balto.	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/2/53	D.W. Hedlund Deputy	Wm. J. Dickens & Sons	Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 7-C

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville (Ridgeway Manor)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5743 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. ~~an.~~ ~~ar.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville ~~annapolis~~
STREET ADDRESS (If rural give location) 5743 Edmondson Ave. ~~unk.~~

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) BENJAMIN (Last) CLAYTON

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 9, 1867

9. AGE Last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Chief Clerk (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Library of Congress U.S.Govt.

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Washington, D. C.
Mr. Charles W. Clayton-1516 Buchanan St. /

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thromboses - multiple — Years - 2
Umbilical Hernia — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 19 53, to July 28, 19 53, that I last saw the deceased alive on July 23, 19 53, and that death occurred at 5 15 AM, from the causes and on the date stated above.

SIGNATURE Percy Futterman (Degree or title) MD ADDRESS 2 E. Read St. Baltimore # 2 DATE SIGNED 7/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 7/28/53

NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

LOCATION (City, town, or county) (State) Sutland, Md.

DATE REC'D BY LOCAL REGISTRAR 7-28-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR W. R. Franke Sons - 2901 - 14th St NW Wash., D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2120½ Old Orems Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; STREET ADDRESS (If rural give location) 2120½ Old Orems Road

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Le-Roy (Last) Contright

4. DATE OF DEATH: (Month) JULY (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 14 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months 7 Days 2; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Private school

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Contright

14. MOTHER'S MAIDEN NAME: Elizabeth Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.:

17. INFORMANT: Olive M. Contright (1st wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arteriosclerotic Cardiovascular Disease	15 yrs
	(c)	

460.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 19 50, to July 16 19 53, that I last saw the deceased alive on July 16, 19 53, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE: Louis Lemenoff (Degree or title) MD ADDRESS: 1437 Fuselage Ave. Baltimore 20 Md DATE SIGNED: 7/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 20-53

NAME OF CEMETERY OR CREMATORY: Carolina Cemetery

LOCATION (City, town, or county) (State): Dryden, New York

DATE REC'D BY LOCAL REG. 7/17/53

REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: John S. Connelly ADDRESS: Essex, Md

VS. A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 20 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6774

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Stemmers Run Rd #148 Rte 16

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): Stemmers Run Rd #148 Rte 16

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A. (Last) Cougle

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 9, 1896

9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Copper Riveta Brass

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles H Cougle

14. MOTHER'S MAIDEN NAME: Maude Barrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-01-7815

17. INFORMANT: Mrs Charles A Cougle Box 148 Stemmers Run Rd Rte 16

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to July 21, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J M Cunningham M.D. | Balto 6 Md | 7/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/24/53 | NAME OF CEMETERY OR CREMATORY: Maryland Memorial Park | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: July 25 | REGISTRAR'S SIGNATURE: Edith Hurley | 24. FUNERAL DIRECTOR | ADDRESS: Lassahn Funeral Home 7401 Belair Rd

7/31/53 (mch) d.3

RECEIVED
AUG 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5926 Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 5926 Carroll ave

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) D'Annunzio (Last)

4. DATE OF DEATH: (Month) July (Day) 18th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out all except one) Married

8. DATE OF BIRTH: 1/6/1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Salvatore Sinatra

14. MOTHER'S MAIDEN NAME: Philamina (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Salvatore D'Annunzio 1005 N. Appleton st.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Metastatic Malignancy	unknown
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1953

19b. MAJOR FINDINGS OF OPERATION: Perforating carcinoma of cecum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953, to July 18, 1953, that I last saw the deceased alive on July 17, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Nathan Rousin M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/21/53

NAME OF CEMETERY OR CREMATORY: New Cathedral

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 7-20-53

REGISTRAR'S SIGNATURE: A. W. Hedrich M.D.

24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 121 E. Paul st.

VS. A15 5-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06776

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully: The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1323 Linden Avenue

3. NAME OF DECEASED: (First) WALTER (Middle) A. (Last) DAWSON
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 0 9-26-89
9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Handy man
10b. KIND OF BUSINESS OR INDUSTRY: (Painting, plumbing, etc.)
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward P. Dawson
14. MOTHER'S MAIDEN NAME: Sally Conrod

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PNEUMONIA, LOBAR, LOBULAR, RIGHT & LEFT LUNG — Interval Between Onset And Death: 3 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: DIABETES MELLITUS — UNKNOWN

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 19 53, to July 21, 19 53, [redacted] and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE: [signature]
(Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MD.
DATE SIGNED: 7-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-24-53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/24/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Howard Blight Funeral Home
ADDRESS: 6009 Harford Road, Baltimore, Maryland
Mildred T. Blight

Items 8,9: film G155 7-13-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00777

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsille

MARYLAND LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 2666 W. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) R. (Last) DENHAM

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 14, ~~1878~~ 1877

9. AGE last birthday: 76 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Mm.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): W. Va. 45

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Schultz

14. MOTHER'S MAIDEN NAME: Anna Roper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): –

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. David E. Denham – 2666 W. Franklin St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

422.1

Immediate cause (a) Myocardial degeneration

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio-Vascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ,1952, to July 6 ,1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 6:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. Chas Langhlin, M.D. 4508 Edmondson Village Baltimore 29 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/9/53

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 7/8/53

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. J. Sidney & Sons ADDRESS: Balto 17 Md.

VS. A 15

Item 18 Film 3247 8-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30 2137

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) About 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5713 Sheridan Street

3. NAME OF DECEASED (Type or Print): (First) Josie (Middle) E. (Last) Dennis

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1-12-1892

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William W. Werpenbacher

14. MOTHER'S MAIDEN NAME: Ella L. Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

1544 Immediate cause (a) Anemia due to

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pending

(c) Ulcerated Cancer of rectum General Metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or Title) Deceased ADDRESS 1010 Leeds Ave., Arbutus, Maryland DATE SIGNED 7-10-53

Rev. J. M. Kieffer D.D. Evan. Pastor

DISPOSITION (Burial, Cremation, etc.) Burial | DATE THEREOF 7/13/1953 | NAME OF CEMETERY OR CREMATORY St. Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE FILED BY LOCAL REGISTRAR'S SIGNATURE 7-13-53 Amanda Downey Victor E. Harry md

24. FUNERAL DIRECTOR J. Davis Sons ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

U.S. AIR

RECEIVED
JUL 28 1953
BUREAU V. S.

Item 18 Film G156 7-23-53 ams

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

UB779

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Louise Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 606 N. Ellwood Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	I	EACKLES	7	5	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 Year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	WIDOWED	7-11-1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	Balto. City Dept. Education	BALTO. MD.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO.	NONE	Mr. Charles W. Eackles-[illegible] Hurst [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Fail[illegible] DIABETIS MELLITUS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) TABES DORSALIS

(c) ART. CARD. VASCULAR DISEASE

D23X

7600X

INTERVAL BETWEEN ONSET AND DEATH: SEVERAL YEARS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JAN., 19 51, to JULY., 19 53, that I last saw the deceased alive on JULY 2, 19 53, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Romulus V. Hauck Jr. M.D. ADDRESS 3452 EATON [illegible] DATE SIGNED 7-5-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/7/53	Parkwood Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-6-53	[illegible] M.D.	Wm. J. Pickover & Sons	Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]80

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5229 BENSON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural give location) 5229 BENSON AVE.

3. NAME OF DECEASED: (First) KATHERINE (Middle) W. (Last) EBER
4. DATE OF DEATH: (Month) JULY (Day) 4 (Year) 53 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	Feb. 28, 1884	69 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	Pa.	USA

13. FATHER'S NAME: Louis Wagner
14. MOTHER'S MAIDEN NAME: Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
------	--------	None	FREDERICK EBER. 5229 Benson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422,1 Immediate cause	(a) C.H. Myocarditis	10 yr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterio-sclerosis	10 yr.
	(c) DUE TO Chorio. Retinitis - Totally Blind	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1940, to July 4, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Hasson M.D. ADDRESS 1711 Edmondson Ave. DATE SIGNED 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JULY 7;53	LOUDON PARK CEMETERY	BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR July 9 53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR (ADDRESS) F.B. Wippert & Son
F.B. WIPPERT & SON

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS #4 Sudbrook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) #4 Sudbrook Ave.

3. NAME OF DECEASED: (Type or Print) (First) Bettie (Middle) Lavinia (Last) Eckenrode

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1-4-1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Adams

14. MOTHER'S MAIDEN NAME: Lucy A. Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None -

17. INFORMANT & ADDRESS: Ollie Eckenrode - 4 Sudbrook Ave.

18. MEDICAL CERTIFICATION

18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) ARTERIO SCLEROTIC HEART DISEASE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

(260X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1953, to 7/11, 1953, that I last saw the deceased alive on 7/8, 1953, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel P. Scalia, M.D. — ADDRESS 1004 Reisterstown Road Pikesville — DATE SIGNED 7/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-14-53 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 7/13/53 — REGISTRAR'S SIGNATURE Dr Redue

24. FUNERAL DIRECTOR — ADDRESS Frank H. Purnell - Pikesville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct an is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Al

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chatsworth Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 20 Main Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Philip (Last) Ecker

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 11, 1929

9. AGE last birthday: 24 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk in Acme Market

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Carroll County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carroll Ecker

14. MOTHER'S MAIDEN NAME: Elizabeth Killer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-24-7199

17. INFORMANT AND ADDRESS: Elsie V. Ecker, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.4

Immediate cause (a) Drowning - Accidental — Interval between onset and death: 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION: None. 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Swimming Pool (CITY OR TOWN): Glyndon (COUNTY): Balto. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): July 27 '53 11:10 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Deceased jumped in swimming pool & drowned.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title): Deputy Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 7-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: July 30/53 NAME OF CEMETERY OR CREMATORY: Reisterstown Methodist LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 7-30-53 REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: J.F. Eline & Sons ADDRESS: Reisterstown, Md.

AUG 3
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]83

CERTIFICATE OF DEATH

Reg. Dist. No. 4f

MARGIN RESERVED FOR BINDING

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
MARYLAND
LENGTH OF STAY (in this place): 90 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1003 Stirling Street

3. NAME OF DECEASED (Type or Print): (First) JESSIE (Middle) (NMI) (Last) ELIAS

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-11-91

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Puerto Rico

12. CITIZEN OF WHAT COUNTRY? Puerto Rican

13. FATHER'S NAME: John Elias

14. MOTHER'S MAIDEN NAME: Mary Kuenez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 410-20-9083

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) CARCINOMA OF PANCREAS — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1953, to July 8, 1953, [redacted] and that death occurred at 9:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 7-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/13/53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/10/53

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

VS. 15 (Rev. 7-50) 30

68 JJ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, 7784

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. NAME OF DECEASED (Type or Print): Daisy Beatrice Ellers

2. DATE OF DEATH: July 8, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland — Catonsville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shady Nook Nursing Home

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): North Bend Rd, & Frederick Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 1, 1868
9. AGE (In years last birthday): 85 (If under 1 Year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lemuel Hancock
14. MOTHER'S MAIDEN NAME: Louise M. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ruth Hancock — ADDRESS: 3001 Harlem Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO (B) Bronchitis - acute — 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) Carcinoma of [illegible]

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1953, *to* July 8, 1953, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1118 W. Fayette St.
23C. DATE SIGNED: 7/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/10/53
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 7/9/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: John F. Denny, Inc. — ADDRESS: 715 Light St.

PLEASE WRITE PLAINLY, WITH UNG INK. Every item of information should be carefully supplied. T correct age is especially important. Ps: please write the causes of death clearly and legibly.

IN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) York Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Theresa (Last) Ellwood

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 3, 1868

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maid

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Burns

14. MOTHER'S MAIDEN NAME: Mary Kilmurray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs. Winifred Dunne, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
421.9 Immediate cause	(a) Coronary occlusion	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease — DUE TO	years
170X	(c) — DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma left breast — 3 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1953, to July 3, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill (DEGREE OR TITLE) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 7/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 7, 1953 — NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery — LOCATION (City, town, or county) (State) Texas, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 7 July 1953 — REGISTRAR'S SIGNATURE Anna Annie Fred MacRae

24. FUNERAL DIRECTOR John Burns' Sons Towson Md. — ADDRESS

VS. A16 8-51

RECEIVED
JUL 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16786

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Susting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 320 Mt. Holly St.

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) T. (Last) Engel

4. DATE OF DEATH: (Month) July (Day) 5/53. (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 18, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired Bartender, 1301 N. Fulton Ave.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John N. Engel

14. MOTHER'S MAIDEN NAME: Rose Scholle Engel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ethel L. Engel, 320 Mt. Holly St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X

Immediate cause (a) Metastatic Ca of Brain & Lungs — Interval Between Onset And Death: 1 Yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ca of Lungt — 3 Yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14 ., 1951 ., to 7-5 ., 1953, that I last saw the deceased alive on 7-5 ., 1953, and that death occurred at 3.16 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William K. Gallagher M.D. ADDRESS Catonsville 28 Md. DATE SIGNED 7-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 9/53

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 7/8/53

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Henry A. Meintzer ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18707

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, USING INK. Every item of information should be carefully supplied. Be correct age is especially important: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): HERMAN ERNST

2. DATE OF DEATH: July 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOUSE in The PINES 16 FUSTING AVE, CATONSVILLE
c. Length of stay in ~~Baltimore~~: Yrs. 11 Mos. MONTHS Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 13 N. PAYSON ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
MALE	WHITE	MARRIED	FEB. 20, 1873	80	4	20		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
GLASS WORKER	RETIRED	BALTIMORE	

13. FATHER'S NAME: HERMAN ERNST

14. MOTHER'S MAIDEN NAME: BARBARA KRONMILLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	—	212-07-7639	Carrie L. Ernst	13 N. Payson St

CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA, PROSTATE — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 yrs
DUE TO c metastases

177 X ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) .....
DUE TO
(C) .....

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 March, 1950 *to* 11 July, 1953 *that I last saw the deceased alive on* 10 July, 1953 *and that death occurred at* 4:25 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Emil H. Henning M. D.	601 Winans Way	13 July 53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	7-14-53	Laurel Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/13/53	Mrs. Hall	Leo F. Tyrie	1915 W. Lanvale St

VS 150

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]88

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. AIR MAIL. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 16 Fusting Ave.

3. NAME OF DECEASED: (First) MILES (Middle) (Last) FARROW
4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	Oct. 13, 1861	81 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Musical Director	Church	South Carolina	

13. FATHER'S NAME: Miles Farrow
14. MOTHER'S MAIDEN NAME: Elizabeth Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Mr. Baker Clotworthy -4404 Sedgewick Rd. #10

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chronic Cardio-Vascular Disease — 10 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 20, 1943, to July 17, 1953, that I last saw the deceased alive on July 17, 1953, and that death occurred at 11:57 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer K. Foreman M.D.		Catonsville 28 Md.	7-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	7/20/53	Green Mount Crematory	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/20/53	A. W. Hedrick	Wm. J. Pickney & Sons	Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '53

CERTIFICATE OF DEATH

Reg. Dist. No. 4-L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 2923 New York Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY BALTO. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands — STREET ADDRESS (If rural give location) 2923 New York Ave.

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) JEROME (Last) FINK

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 12, 1900

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): electrician

10b. KIND OF BUSINESS OR INDUSTRY: Transit Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Fink

14. MOTHER'S MAIDEN NAME: Sarah E. Reiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-0440

17. INFORMANT & ADDRESS: Mrs. Bessie Fink - 2923 New York Ave., Baltimore Highlands, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 18 IX Carcinoma of bladder with mets

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) mets

DUE TO

(c)

Interval Between Onset And Death: 7 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 1952, to 7/24, 1953, that I last saw the deceased alive on 7/24, 1953, and that death occurred at 1:20 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph G. Laukaitis M.D. — ADDRESS 679 Washington Blvd. — DATE SIGNED 7/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/28/53 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. — LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7/27/53 — REGISTRAR'S SIGNATURE C W Hedrick — 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Balto. 17, Md.

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; LENGTH OF STAY (in this place) 1 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Hillendale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; STREET ADDRESS (If rural, give location) 204 Hillendale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) L. (Last) Finn

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/2/1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Work

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John E. Lidard

14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —; (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Rosalie Davis 204 Hillendale Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — years

(26 X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/4, 19 53, to 7/6, 19 53, that I last saw the deceased alive on 7/4, 19 53, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) MD; ADDRESS 25 Bond Street; DATE SIGNED 7/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7/9/53; NAME OF CEMETERY OR CREMATORY New Cathedral; LOCATION (City, town, or county) 4300 Old Frederick Rd (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/7/53; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John J. Bowman & Sons Hollins; ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 14 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1544 Sulphur Spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Middlesex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) URBANNA X

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) Helen (Last) Fitchett
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 53

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W. Dowed | 8. DATE OF BIRTH: Jan. 26, 1895 | 9. AGE last birthday: 58 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Middlesex Co. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Henry | 14. MOTHER'S MAIDEN NAME: Lucy Emily Creswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Joseph Young

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171 X

Immediate cause (a) Pulmonary Edema — 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Cervix — 3 yrs.

(c) Generalized Carcinomatosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950 | 19b. MAJOR FINDINGS OF OPERATION: Radium Therapy | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to July 29, 1953 that I last saw the deceased alive on July 27, 1953, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Pass, M.D. ADDRESS 4001 Wilkens Ave DATE SIGNED 7-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: July 29 1953 | NAME OF CEMETERY OR CREMATORY: Family | LOCATION (City, town, or county) (State): Urbanna Va.

DATE REC'D BY LOCAL REG.: 7/30/53 | REGISTRAR'S SIGNATURE: A W Hedrick | 24. FUNERAL DIRECTOR: Hoff & B.M. Walker ADDRESS: Pratt & Stucker Sts

JC2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]52

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) [illegible] | LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) Dogwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Lydia (Last) France

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-29-1870 or

9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown None

17. INFORMANT & ADDRESS: Mrs. Ruth Burgess, Woodlawn, Md. Dogwood Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Failure of heart — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19..... , to ..... , 19. ., that I last saw the deceased alive on 7/11 , 1953, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bruno Radauskas M.D Spring Grove State Hospital 7/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-15-53 | NAME OF CEMETERY OR CREMATORY Good Shepherd | LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR July 15, 1953 | REGISTRAR'S SIGNATURE George W. Zimmerman

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

RECEIVED
1993
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: Balto. — MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Catonsville
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shady Nook Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. — COUNTY: Balto.
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
   STREET ADDRESS (If rural give location): 331 Westowne Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MATILDA (Last) FRAZIER

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 11, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Arnold

14. MOTHER'S MAIDEN NAME: Florence Bourke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. F. C. Bailey-331 Westowne Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia, bilateral — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (b) Arteriosclerotic Heart Disease — 2 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thyrotoxicosis — 4 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to July, 1953, that I last saw the deceased alive on July 18, 1953, and that death occurred at 11:25 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Jos. J. Gava M.D. — ADDRESS: Mallow Hill Ave — DATE SIGNED: July 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/21/53 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, Town, or County) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 7/20/53 — REGISTRAR'S SIGNATURE: A. W. Bedient

24. FUNERAL DIRECTOR: Wm. J. Tichnor & Sons — ADDRESS: Balto. 17, Md.

JT

VS. AR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md. | LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 419 Georgia Court.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md.
STREET ADDRESS (If rural give location) 419 Georgia Court.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) May (Last) Fuller

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Mar 16, 1868 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home. | 11. BIRTHPLACE (State or foreign country): Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. F. January.

14. MOTHER'S MAIDEN NAME: Unknown.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. | (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Maudie EATON - 419 Georgia Ct. Towson 4 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442 X (a) Massive Intra cerebral hemorrhage — Interval Between Onset And Death: 72 Hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Severe hypertensive cardio vascular Disease — 13 yrs.
DUE TO (c) Generalized arteriosclerosis —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dehydration & Shock.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1953, to 31 July, 1953, that I last saw the deceased alive on 31 July, 1953, and that death occurred at 6:55 PM from the causes and on the date stated above.

SIGNATURE John A. Abraham (Degree or title) M.D. ADDRESS 111 Allegheny Ave DATE SIGNED 31 July 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | DATE THEREOF Aug. 1, 1953 | NAME OF CEMETERY OR CREMATORY Klingner Funeral Home | LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REGISTRAR Aug. 1, 1953 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

VS. A15

AUG 3 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3-96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 403 Jefferson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 403 Jefferson Ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Lizzie (Last) Galloway

4. DATE OF DEATH: (Month) (Day) (Year) July 7, 1953

SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 10, 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Brown

14. MOTHER'S MAIDEN NAME: Ella Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Martha Hall 535 Dolphin St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis — over 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerosis & hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1945, to 7-7, 1953, that I last saw the deceased alive on 7-6, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank A. Saunders M.D. ADDRESS 1029 N. Stricker St. Baltimore 17 Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-9-53	Mt. Zion Cem.	Longgreen Md.

DATE REC'D BY LOCAL REG. 7/8/53 | REGISTRAR'S SIGNATURE A. H. Hedrick M.D. | 24. FUNERAL DIRECTOR Frances A. Hemsley | ADDRESS 578 Fulton Ave.

V JT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 96

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct-age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dry Hall

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural give location) 7903 Walrae Ave.

3. NAME OF DECEASED: (Type or Print) (First) AMANDA (Middle) M. (Last) GOW
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 19 1880	72 yrs				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vincent Roberts
14. MOTHER'S MAIDEN NAME: Riley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Paul Gow - 7903 Walrae Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
1554
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Sudden
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of intestine — 3 yrs
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to July 21, 1953 that I last saw the deceased alive on July 21, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Buchmgardner M.D. Balto 6 Md. 7/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 24 NAME OF CEMETERY OR CREMATORY Pinewood Park LOCATION (City, town, or county) Govans (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/23/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John J. Connelly ADDRESS 4 East 25th St Balto 6 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53)98

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4339 Alan Drive, Apt. A

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutis
STREET ADDRESS (If rural give location) 4339 Alan Drive, Apt. A

3. NAME OF DECEASED: (Type or Print) (First) MAZIE (Middle) GERTRUDE (Last) GRASON

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 31, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Dickeyville, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Jones

14. MOTHER'S MAIDEN NAME: Mary Dailey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Doris J. Cross 4339 Alan Dr. Arbutus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

602X

Immediate cause (a) Uremia,

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Bilateral nephrolithiasis with pyelonephritis

DUE TO

(c)

Interval Between Onset And Death: (a) 2 days (b) 2.

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓ 19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1946 to 7/25, 1953, that I last saw the deceased alive on 7/25, 1953, and that death occurred at 4:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Dickey M. D. 3921 Edmondson Ave. 7/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/28/53

NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

LOCATION (City, town, or county) Woodlawn, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug 5 53

REGISTRAR'S SIGNATURE H. Kieffer

24. FUNERAL DIRECTOR Easton Sons

ADDRESS Catonsville, Md.

VS. A15

RECEIVED
AUG 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06797

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 4, Maryland
LENGTH OF STAY (in this place) 6 mos., 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY Orange
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chapel Hill
STREET ADDRESS (If rural give location) 402 East Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) Craige (Last) Gray

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 17, 1914

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Burton Craige

14. MOTHER'S MAIDEN NAME: Jane Henderson Boyden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death Few.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive Manic Psychosis 6 mo +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1953, to July 14, 1953, that I last saw the deceased alive on July 14, 1953, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

SIGNATURE, (Degree or title) ADDRESS DATE SIGNED

J.M. Nelson, M.D. THE SHEPPARD & ENOCH PRATT HOSPITAL Towson Md. 7/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF July 15, 1953

NAME OF CEMETERY OR CREMATORY Salem Cemetery

LOCATION (City, town, or county) (State) Winston-Salem, N. Carolina

DATE REC'D BY LOCAL REGISTRAR 7/15/53

REGISTRAR'S SIGNATURE D.W. Hedrick

24. FUNERAL DIRECTOR AND ADDRESS Tom Lackner & Sons - North Avenue Funeral Home Baltimore 17, Md.

Reported to and released by Dr Rollin Hudson. D.M.E. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]9?

CERTIFICATE OF DEATH

Reg. Dist. No. 4r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1 PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 21; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1016 St. Charles. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; STREET ADDRESS (If rural give location) 1016 St. Charles Ave

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) R. (Last) GREFFEN

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-18-1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months — Days —; IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life. (Never retired): Agent — Life Insurance

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Greffen

14. MOTHER'S MAIDEN NAME: Sophia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Annie V. Greffen (Same)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1

Immediate cause (a) Acute Coronary Occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis DUE TO

(c)

Interval Between Onset And Death: 10 min. ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 to July 6, 1953, that I last saw the deceased alive on May, 1953, and that death occurred at 1:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Pass, M.D. ADDRESS 4001 Wilkens Ave DATE SIGNED 7-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF July 9/53; NAME OF CEMETERY OR CREMATORY Loudon Park; LOCATION (City, town, or county) Baltimore; (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/9/53; REGISTRAR'S SIGNATURE A. W. Hellwig

24. FUNERAL DIRECTOR ADDRESS J. B. Wyckoff & Son 1300 Eutaw Pl. 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3108 Willoughby Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3108 Willoughby Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Hall

4. DATE OF DEATH: (Month) July (Day) 3rd (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 15, 1907

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk, Enameling Co

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry C. Hall

14. MOTHER'S MAIDEN NAME: Mary E. Myers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Marguerite Hall, 3108 Willoughby Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
426.1 Immediate cause	(a) Coronary Occlusion	15 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial degeneration	3 yrs
	DUE TO (c) Coronary Occlusion	3 1/2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1949, to July 3, 1953 that I last saw the deceased alive on July 1, 1953, and that death occurred at 7.45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): G. M. Bacon M.D. — ADDRESS: 2810 Taylor Ave. Balto. 14. Md. — DATE SIGNED: 7/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 6, 1953 — NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7-3-53 — REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road #14

Dr. Bacon
Taylor Ave.

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3Y

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson | LENGTH OF STAY (in this place) 1yr.6mos.9das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Carol (Last) Hance
4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 1/18/1904
9. AGE last birthday: 49 yrs. | If under 1 year: Months 6 | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Calvert County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Everett Meade
14. MOTHER'S MAIDEN NAME: Carrie Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Edith Carol Hance, Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far advanced pulmonary tuberculosis — Approx.

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 13½ yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9, 1952, to 7/18, 19.53., that I last saw the deceased alive on 7/18, 19.53, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: William Newman — (Degree or title) M.D., Supt. — ADDRESS Mt. Wilson, Maryland — DATE SIGNED 7/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/21/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Mutual, Maryland

DATE REC'D BY LOCAL REG. 7/18/53 — REGISTRAR'S SIGNATURE: Helen M. Merr

24. FUNERAL DIRECTOR — ADDRESS: Howard H.Hubbard,2503 Edmondson Ave.,Balto., Maryland

JUL 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Irmacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 123½ E. Federal Street

3. NAME OF DECEASED (Type or Print): (First) Mrs. Elizabeth (Middle) G. (Last) Hand
4. DATE OF DEATH: (Month) July 2nd, (Day) (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Mar. 11, 1856
9. AGE last birthday: 96 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Carey
14. MOTHER'S MAIDEN NAME: Mary Ann Hogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr. Elmer A. Hand, 3913 Kimble Road #18

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Decompensation — 9 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio-
(c) Renal Vascular Disease — 20 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 50, to July 2, 19 53, that I last saw the deceased alive on July 2, 19 53, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Donnell MD 7501 York Rd Towson 4 Md 7/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 6, 1953 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Leonard J. Ruck | ADDRESS: 5305 Harford Road #14

Dr. O'Donnell
7501 York Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. K

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 49 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) MARBY (Middle) L. (Last) HEATH

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-11-92

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wenton, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Heath

14. MOTHER'S MAIDEN NAME: Louiseanna Misket

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 219-10-3943

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) CARCINOMA OF CECUM — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-23-53

19b. MAJOR FINDINGS OF OPERATION: Ileotransverse Colostomy

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 19 53, to July 12, 19 53 and that death occurred at 11:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 7-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/15/53

NAME OF CEMETERY OR CREMATORY: Monie Cemetery

LOCATION (City, town, or county) (State): Venton, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/14/53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Dashields Funeral Home, Princess Anne, Md.

ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

BC. Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore Dundalk Md. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bear Creek | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore | STREET ADDRESS (If rural, give location) 217 Spring Ct.

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Stafford (Last) Hebron

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct 14 1936

9. AGE last birthday: 16 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Stafford

14. MOTHER'S MAIDEN NAME: Flora Hebron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Frederick Hebron 217 Spring Ct.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DROWNING

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Bear Creek | (CITY OR TOWN) Dundalk | (COUNTY) Balto. | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 7-8-53 3½ p.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY Ooccur? Jumped from pier & did not come up

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. Bowers MD Dep. Med. Exam. Dundalk Md 7/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 13, 1953 | NAME OF CEMETERY OR CREMATORY Mt. Calvary Mem. | LOCATION (City, town, or county) Anne Arundel County (State) Md.

DATE REC'D BY LOCAL REG. 7/13/53 | REGISTRAR'S SIGNATURE H W Hedrick | 24. FUNERAL DIRECTOR | ADDRESS Wm. Robt. A. Elliott & Son 1129 N. Caroline St.

Item 14 FilmG155 7/20/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6815

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place): MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5709 Kenwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Golden Ring — STREET ADDRESS (If rural, give location): 5709 Kenwood Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	W.	HENSLER, JR.	July 10 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Oct. 26, 1907	45 yrs.	8	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Industrial	Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Hensler, Sr.	Augusta Werner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Geo. W. Hensler III- Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973.1 **Immediate cause** (a) Carbon monoxide asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Front of home	5709 Kenwood Ave.-	Balto.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
July 10, 1953 m.		Carbon monoxide asphyxia- hose attached to exhaust pipe & brought into auto through window

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William J. Gouth	Asst. Medical Examiner	700 Fleet St.-Balto. 2, Md.	July 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 14, 1953	Moreland Memorial	Taylor Ave. -Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-13-53	L	John G. Connelly-Essex, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH — COUNTY: Balto; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
   LENGTH OF STAY (in this place): Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: # Box 344 Phila Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: md; COUNTY: Balto
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
   STREET ADDRESS (If rural give location): # Box 344 Phila Rd Balto 6 md

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) F (Last) Hess

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 20 1875

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bethlehem Steel Co

10b. KIND OF BUSINESS OR INDUSTRY: Maintainance man

11. BIRTHPLACE (State or foreign country): Balto Co md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Carl Hess

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
    (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Charles Hess # Box 344 Phila Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 2 days

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio-Vascular Disease — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1953, to July 3, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J M Baumgardner MD Balto 6 Md 7/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/7/53

NAME OF CEMETERY OR CREMATORY: St Peters Luth Cem

LOCATION (City, town, or county) (State): Balto md

DATE REC'D BY LOCAL REG.: July 5 1953

REGISTRAR'S SIGNATURE: Mrs Mary L Reifsnider

24. FUNERAL DIRECTOR: Lansdale Funeral Home

ADDRESS: 7401 Belair Rd

RECEIVED
JUL 9 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 710 St. Paul Street

3. NAME OF DECEASED: (First) NEVETT (Middle) G. (Last) HIGGINS

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/29/98

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Landlord

10b. KIND OF BUSINESS OR INDUSTRY: Rooming House

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Higgins

14. MOTHER'S MAIDEN NAME: Blanche Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

600.0
Immediate cause — (a) CORONARY ARTERIOSCLEROSIS WITH OCCLUSION AND THROMBOSIS. — Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) CHRONIC PYELONEPHRITIS. — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1953, to July 28, 1953, [illegible] and that death occurred at 1:03 P.M., from the causes and on the date stated above.

VA

WILLIAM B. VANDEGRIFT, M.D. (Degree or title) — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 7/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/31/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 7/30/53 — REGISTRAR'S SIGNATURE: A W Fedrick

24. FUNERAL DIRECTOR — ADDRESS: William Cook Funeral Home, St.Paul & Preston, Baltimore, Maryland

JCL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 118 Melrose Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3207 Evergreen Avenue

3. NAME OF DECEASED (Type or Print): (First) Horace (Middle) (Last) Hill

4. DATE OF DEATH: (Month) July (Day) 2nd (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: Feb. 15-1873 or 74

9. AGE last birthday: 79 or 80 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mill

11. BIRTHPLACE (State or foreign country): Clarksburg, W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Hill

14. MOTHER'S MAIDEN NAME: Mary Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Bertie M. Hill, 3222 Evergreen Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 10 days

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular Heart Disease — 1½ yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1953, to Jul 2, 1953, that I last saw the deceased alive on Jul 2, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): acof Fishus — ADDRESS: 8422 Belair Rd. — DATE SIGNED: 7/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 6, 1953

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. JAcob Fisher
3422 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4231 Chesapeake one- Long Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Haller
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Oct. 21-1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self emp.
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Valentine B. Haller
14. MOTHER'S MAIDEN NAME: Martha Freeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Lottie Mossom 3619 Latham Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR?

Date of Death July 7 1953 5:30 p.m.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. McLaurmie M.D. Dr. in Medical Exam. Bdlo. Co. Dundalk 22 md 7/7/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 10-53	Oak Lawn	Baltimore Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/9/53	Enid Hurley	John G. Connolly	Essex Md.

VS. A154

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A.E.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 128 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3107 Foster Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDMUND (Middle) B. (Last) HOLT

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-16-91

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Enoch Holt

14. MOTHER'S MAIDEN NAME: Laura Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) AMYLOIDOSIS; — Interval Between Onset And Death: 4 MONTHS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CHRONIC ISCHIORECTAL ABSCESS — 4 YEARS

DUE TO

(c)

575X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10 1953, to July 16, 1953, that I last saw deceased alive on [illegible], and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift, M. D. (Degree or title) ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 7-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: July 20 1953 NAME OF CEMETERY OR CREMATORY: Baltimore National LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 7/17/53 REGISTRAR'S SIGNATURE: A.W.Hedrich dmr.

24. FUNERAL DIRECTOR: Howard Blight Funeral Home ADDRESS: 6009 Harford Road, Baltimore 14, Maryland
Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup Cockeysville P.O.; LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Holtch

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ?? 1868

9. AGE last birthday: apprx 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Holtch

14. MOTHER'S MAIDEN NAME: Annie Groboy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Balto. Co. Home records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hypertensive - arteriosclerotic cardio-vascular disease — years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to July, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Shmill, (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 7/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 7/3/53 | NAME OF CEMETERY OR CREMATORY: University Med. School | LOCATION (City, town or county): Baltimore City | (State): Md

DATE REC'D BY LOCAL REG. 7/2/53 | REGISTRAR'S SIGNATURE: Wm. J. Schlicoat | FUNERAL DIRECTOR: Frances A. Hemsley | ADDRESS: 578 N. Bradford St

RECEIVED
JUL 7
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glyndon
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Grove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural give location) Piney Grove Rd.

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) JAMES (Last) Hughes.

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/20/1886

9. AGE last Birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): LAWYER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES Dixon Hughes

14. MOTHER'S MAIDEN NAME: TERESA KLAETE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Francis D Murnaghan jr. same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion acute — Interval Between Onset And Death: Minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary artery heart Disease — 10 + yrs.

DUE TO (c) Myocardial Insufficiency — 3 yrs.

Coronary occlusion - acd. — 10 yrs ago

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27, 1953, to 7-21, 1953, that I last saw the deceased alive on 7-11, 1953, and that death occurred at 1 p. m., from the causes and on the date stated above.

SIGNATURE Wards Callum (Degree or title) M.D. ADDRESS 6E. Eager St. Md-2- DATE SIGNED 7-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-24-53 NAME OF CEMETERY OR CREMATORY Glyndon LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 7/24/53 REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR Henry L. Gruters & Sons ADDRESS 4905 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown
STREET ADDRESS (If rural give location) Glen Falls Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Roberta (Last) Ireland

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 13, 1862

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Hollingsworth

14. MOTHER'S MAIDEN NAME: Mattie E. Price

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John H. Ireland, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Senile arteriosclerotic C.-V. Disease — Interval Between Onset And Death: 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION None. 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None. m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 8-6, 1941, to 7-16, 1953, that I last saw the deceased alive on 7-13, 1953, and that death occurred at 5:15 P.M. from the causes and on the date stated above.

SIGNATURE D. D. Caples (Degree or title) M.D. ADDRESS Reisterstown, Md DATE SIGNED 7-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 20, 1953 — NAME OF CEMETERY OR CREMATORY Luthern Cemetery — LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REGISTRAR 7-20-53 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS J. F. Eline & Sons, Reisterstown, Md.

RECEIVED
JUL 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: 6942 German Hill Rd.
COUNTY: Baltimore Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
6942 German Hill Rd.
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural give location): 6942 German Hill Road 22

3. NAME OF DECEASED: (First) Emily (Middle) S. (Last) Jeannerete
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 6, 1884
9. AGE Last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Morlock
14. MOTHER'S MAIDEN NAME: Emily Pitroff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): --
(If Yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: ------
17. INFORMANT & ADDRESS: Eugene U. Jeannerete, 6942 German Hill Rd. 22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

170X
Immediate cause (a) X-Ray Positive metastatic infiltration lungs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) from Carcinoma left Breast, Breast
DUE TO
(c) amputated 20 months ago.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. no cancer death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to July 9, 1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 9:45 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Allen C. Beetham, M.D. 3139 E. Baltimore St. 7-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 13/53
NAME OF CEMETERY OR CREMATORY: Balto. Cem.
LOCATION (City, town, or county) (State): Balto. Md
DATE REC'D BY LOCAL REGISTRAR: 7/10/53
REGISTRAR'S SIGNATURE: a. W. Harrod
24. FUNERAL DIRECTOR: Philip Herwig Sons, ADDRESS: 2024 Orleans St

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. — 1224 Forest Rd. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STARRETTS PL. (P) | LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1224 Forest Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynnwood Court (P)
STREET ADDRESS (If rural, give location) 1224 FOREST RD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HAROLD	LESLIE	JOHNSON	7	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	NOV. 10 1902	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	STEEL MFGR	Millville, Mass.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oscar Johnson	Charlotte Stenton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	165-10-5057	Mrs. Harold Johnson 1224 Forest

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1(a) Immediate cause	(a) Carcinoma of Bronchus L	8 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 19, 1952 to July 24, 1953 that I last saw the deceased alive on July 24, 1953 and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] Johnson	M.D.	520 E. [illegible]	7-24-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-28-53	HEMZIBAH CHURCH CEM.	HIGHLAND, VIENNA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27. 53	Dawson L. Barber	[illegible]	[illegible], Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 Suter Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural, give location) 319 Suter Rd.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) MARCELLUS (Last) JOHNSON

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH May 14 1907 | 9. AGE last birthday 46 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter. | 10b. KIND OF BUSINESS OR INDUSTRY Bar. | 11. BIRTHPLACE (State or foreign country) Ellicott City, Howard Co | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Johnson | 14. MOTHER'S MAIDEN NAME Georgia Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None. | 16. SOCIAL SECURITY NO. 213-12-6695 | 17. INFORMANT AND ADDRESS Laura Johnson (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420. Immediate cause (a) Coronary artery Disease — 20 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None. | 19b. MAJOR FINDINGS OF OPERATION None. | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None. | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A.A. Eagles (Degree or title) Deputy Med Exam. | ADDRESS M.D. Reisterstown, Md. | DATE SIGNED 7-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-29-53 | NAME OF CEMETERY OR CREMATORY Western Mar | LOCATION (City, town, or county) Catonsville (State) Md

DATE REC'D BY LOCAL REG. 7/27/53 | REGISTRAR'S SIGNATURE G.W. Hedrick | 24. FUNERAL DIRECTOR Maynard Alexander | ADDRESS 518 Edmondson Ave

DeL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06817

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville*
LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dominican Convent of Perpetual Rosary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Dominican Convent of Perpetual Rosary

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Raphael (Last) (THERESA Joly)

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1953

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH Oct. 19, 1863

9. AGE last birthday 89 yrs.

If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RELIGIOUS

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) France

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Joly

14. MOTHER'S MAIDEN NAME ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Sr. Mary of Jesus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Hypertension Arteio Sclerotic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Disease

(c) Terminal Pulmonary Edema

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1953, to 7/29, 1953, that I last saw the deceased alive on 7/29, 1953 and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John E Healy MD ADDRESS Hallehope DATE SIGNED 7/31/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF Aug. 1, 1953

NAME OF CEMETERY OR CREMATORY Convent Cemetery

LOCATION (City, town, or county) (State) Catonsville Md.

DATE REC'D BY LOCAL REG. 7/31/53

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR ADDRESS Chas. F. Evans & Son 118 W. Mt. Royal Ave.

Dr. John Healy
1305 Francis Ave. *Arbutus 2496

RECEIVED
AUG 3 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairfield Sta, Dundalk 22, LENGTH OF STAY (In this place) 26
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Harvey	Jordan	July	29	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Married.	June 23 1890	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	P. S. Co.	Virginia.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Jordan	Mary ?

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs Grace Quarles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
15 1/2 Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or Title)	ADDRESS	DATE SIGNED
J. M. Carmine M.D.	Medical Examiner Dundalk 22 Md	7/30/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
B	8-1-53	Arbutus	Balto	Md

DATE REC'D BY LOCAL REG'G	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/30/53	C W Jedrich	Samuel W. Sullivan Jr	1011 N Arlington Ave, Balto

JC2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

VS. A-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6408 Gilmore St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural, give location) 6408 Gilmore St

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Frank (Last) Kaplan

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 25 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocer

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Kaplan

14. MOTHER'S MAIDEN NAME: Josephine Kalal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Marie C. Kaplan 6408 Gilmore St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) High Blood Pressure — Uncertain

(c) Generalized Arteriosclerosis — Uncertain

260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 2 yrs

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1953, to July 16, 1953, that I last saw the deceased alive on July 16, 1953, and that death occurred at 11:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Armacost M.D. ADDRESS 6419 Wyndon Baltimore 7 Md. DATE SIGNED 7/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 20, 1953; NAME OF CEMETERY OR CREMATORY: Holy Redeemer; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/20/53

REGISTRAR'S SIGNATURE A. W. Edmunds

24. FUNERAL DIRECTOR AND ADDRESS: Ellsworth Armacost, 4600 Liberty Heights Avenue

(2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06820

CERTIFICATE OF DEATH

Bc Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Nursing Home 5743 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 00-01
STREET ADDRESS (If rural give location) 5114 Edmondson Ave.

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) M. (Last) Karcher

4. DATE OF DEATH: (Month) July (Day) 7/53 (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 28, 1865	88 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	Own Home	Baltimore, Md.	

13. FATHER'S NAME: ----Schmidt

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: (Daughter)
		Mrs. Nellie I. McFarland, 5114 Edmondson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Congestive Heart Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, Senile

DUE TO

(c)

Interval Between Onset And Death: 3 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to July 7, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE Chas. Smith M.D. (Degree or title) ADDRESS 1933 W. Baltimore St DATE SIGNED 7/8/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 10/53	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7/10/53 REGISTRAR'S SIGNATURE A. W. Hudson

24. FUNERAL DIRECTOR Harry H. Weitzel ADDRESS 4101 Edmondson Av

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton; LENGTH OF STAY (In this place) 7 1/2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Manor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton; STREET ADDRESS (If rural, give location) Manor Road

3. NAME OF DECEASED (Type or Print): (First) Eugenia (Middle) Biden (Last) King

4. DATE OF DEATH: (Month) July (Day) 19th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 22-1894

9. AGE Last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nursing

10b. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Biden

14. MOTHER'S MAIDEN NAME: Emily

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. 218-10-5857

17. INFORMANT AND ADDRESS Mrs Eugenia K Talbert Monkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 12 Mos.

Antecedent cause(s) (b) Coronary Sclerotic Heart Disease — 3 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8, 1952, to 7/19, 1953, that I last saw the deceased alive on 7/17, 1953, and that death occurred at 4 A., m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson M.D. ADDRESS Fork Md. DATE SIGNED 7/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE July 21 1953 NAME OF CEMETERY OR CREMATORY St Johns LOCATION (City, town, or county) Long Green (State)

DATE REC'D BY LOCAL REG. 7/20/53 REGISTRAR'S SIGNATURE C. W. Pennell

24. FUNERAL DIRECTOR John Burns Inc ADDRESS 610 York Rd Towson 4

5

Item 18 Film G147 8-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

21

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) About 22 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights; STREET ADDRESS (If rural, give location) 6101 B Street

3. NAME OF DECEASED (Type or Print): (First) Thelma (Middle) (Last) King

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-10-1899

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days; If under 24 h.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert P. Purvis

14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572 X

Immediate cause (a) Uremia due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) [illegible]

(c) Chronic Glomeruli Nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. IF FINAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑ Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Le M. Kieffer Asst. Path. Balto. 1010 Leeds ave July 21. 53

DISPOSITION (Burial, etc. Specify) Burial; DATE THEREOF 7-24-53; NAME OF CEMETERY OR CREMATORY Cedar Hill; LOCATION (City, town, or county) (State) Washington DC

DATE RECD BY LOCAL REG. 7-21-53; REGISTRAR'S SIGNATURE V. E. Harris

24. FUNERAL DIRECTOR ADDRESS Ambulance 1410 Clayton St

MARGIN RESERVED FOR BINDING

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUL 28
BUREAU V. S.

Item 20 Film G147 8-7-53 ams

23

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 7 1/2 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 25

STREET ADDRESS (If rural give location): 5220 Fourth Street

3. NAME OF DECEASED: (First) RAYMOND (Middle) J. (Last) KIRBY

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	5/24/98	55 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Ice Cream Co.	Laurence, South Carolina	U.S.A.

13. FATHER'S NAME: Isaac Kirby

14. MOTHER'S MAIDEN NAME: Mammie McConnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause — (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

DUE TO

(c) LEFT CEREBROVASCULAR ACCIDENT

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I VA attended the deceased from July 29, 1953, to July 29, 1953, [redacted] and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
FRANCIS G. DICKEY, M.D., Chief, Medical Service, VAH,	Fort Howard, Maryland	7/29/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-1-53	Meadowridge Memorial Park	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/31/53	A.W. Hedrick	Howard Blight Funeral Home,	6009 Harford Rd. Baltimore

J.C.L. Mildred J. Blight

Items 13,14 FilmG155 7/20/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (In this place) 7yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8722 Summit Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ..... COUNTY .....
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location) 8722 SUMMIT Ave

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Leo (Last) Kirschenhofer
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: July 30 79
9. AGE last birthday: 73 yrs. If under 1 year: Months ..... Days ..... If under 24 hrs.: Hours ..... Min. .....

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): BALTimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Kirschenhofer
14. MOTHER'S MAIDEN NAME: Mary Reinhardt (Son)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: G. Wilson Kirschenhofer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour): Death 7 13 53 10:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Natural

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A M Carmine (Degree or title) M.D ADDRESS Dietary Medical Exam Balto Co. Dundalk 22 Md DATE SIGNED 7/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July-16-1953
NAME OF CEMETERY OR CREMATORY: Parkwood Cem
LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG.: 7/15/53
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Leonard J. Luck ADDRESS

Dmr

VS. A-15A

Item 18 Film G158 10-5-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

25

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn; LENGTH OF STAY (In this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Liberty Rd. & Clifmar Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural, give location): 512 3rd Street

3. NAME OF DECEASED (Type or Print): (First) LYNN (Middle) (Last) KLEIN

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1/22/53

9. AGE Last birthday: 6 mo yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil

10b. KIND OF BUSINESS OR INDUSTRY: nil

11. BIRTHPLACE (State or foreign country): Annapolis MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WALTER J. KLEIN

14. MOTHER'S MAIDEN NAME: LAURA V. Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: NO

17. INFORMANT AND ADDRESS: WALTER J. KLEIN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

5-13X

Immediate cause (a) Microcephaly of frontal lobes

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Interstitial pneumonitis

(c) Marked congestion of the liver; natural causes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. P. Fisher (Degree or title) ADDRESS: Chief Medical Examiner, 700 Fleet St., Balto. 2, Md. DATE SIGNED: 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 7/22/53 | NAME OF CEMETERY OR CREMATORY: Brestenden Cem | LOCATION (City, town, or county) (State): Granite Md

DATE REC'D BY LOCAL REG. 7-21-53 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Chas F. Towell | ADDRESS: Windsormill R.D.

2013 171 406

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

:26

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416A

1. PLACE OF DEATH: COUNTY BALTIMORE. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL FROG MORTAR CREEK. LENGTH OF STAY (In this place) 1 DAY.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 840 Abbott Ct.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W (Last) KNISLEY JR.
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MAR 30 1929
9. AGE Last Birthday: 24 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIPPING CLERK
10b. KIND OF BUSINESS OR INDUSTRY: ANCHOR FENCES
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: GEORGE W. KNISLEY
14. MOTHER'S MAIDEN NAME: VIOLA ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217-22-6988
17. INFORMANT AND ADDRESS: RITA D KNISLEY 840 ABBOTT COURT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.9 Immediate cause (a) Drowning accidental.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 1953 6:30 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Drowning out of boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. McCormick M.D. ADDRESS Deputy Medical Examiner Balto Co. Dundalk Md. DATE SIGNED 7/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: JULY 22-1953 | NAME OF CEMETERY OR CREMATORY: OAK LAWN CEMETERY | LOCATION (City, town, or county) (State): EASTERN AVE RD MD

DATE REC'D BY LOCAL REG. 7-20-53 | REGISTRAR'S SIGNATURE: A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR ADDRESS: Diffel Bro 1800 E LOMBARD ST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 27

CERTIFICATE OF DEATH

Reg. Dist. No. .. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 24
STREET ADDRESS (If rural give location): 426 S. Oldham Street

3. NAME OF DECEASED: (First) EMANUEL (Middle) G. (Last) KUMULIDES

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/24/97

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Confectionary

10b. KIND OF BUSINESS OR INDUSTRY: store owner

11. BIRTHPLACE (State or foreign country): Turkey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Kumulides

14. MOTHER'S MAIDEN NAME: Despina Sterge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 216-32-9030

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause — (a) CONGESTIVE HEART FAILURE — Interval Between Onset And Death: 1 MO.

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) MYOCARDIAL INFARCTION — UNK.

DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE — UNK.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1953, to July 29, 1953, that I last saw deceased alive on and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): PETER J. McDONNELL M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 7-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-31-53

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/31/53

REGISTRAR'S SIGNATURE: G W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Heward Blight Funeral Home
6009 Harford Road, Baltimore, Md.
Mildred J. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]29

CERTIFICATE OF DEATH

Reg. Dist. No. 3844

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
   LENGTH OF STAY (in this place): 2 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 18 OF-OL
   STREET ADDRESS (If rural give location): 3851 Monterey Road

3. NAME OF DECEASED (Type or Print): (First) JULIAN (Middle) HALIAN (Last) KYLE

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-12-87

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Anchor Post Products Co.

11. BIRTHPLACE (State or foreign country): Hasting, England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Kyle

14. MOTHER'S MAIDEN NAME: Catherine McKay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 279-09-0711

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) CARCINOMA OF RECTUM WITH METASTASES TO LIVER — Interval Between Onset And Death: Approximately 3 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1953, to July 13, 1953, [illegible] and that death occurred at 10:55 A.M., from the causes and on the date stated above.

SIGNATURE: J. Dickey (Degree or title) — ADDRESS — DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 7-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: July 14, 1953 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Canada

DATE REC'D BY LOCAL REGISTRAR: Jul 14 — REGISTRAR'S SIGNATURE: Hazel Wilson A. W. Hedrick, mmb

24. FUNERAL DIRECTOR: [illegible]. J. Tickner & Sons Inc. — ADDRESS: North and Pennsylvania Avenues, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1825 Hope Street

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) (Last) Larsen

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: June 26-1869

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Rev Parker P. Warner Glen Burnie Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Senility —
DUE TO
(c) Hypertension — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1953, to 7-24, 1953, that I last saw the deceased alive on 7-23, 1953 and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Coral Gordon M.D. 300 E. Northlake 7-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July-25-53 — NAME OF CEMETERY OR CREMATORY Parkwood Cem. — LOCATION (City, town, or county) (State) Parkville - Balto Co Md.

DATE REC'D BY LOCAL REG. July 25. 1953 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm Cook - 1217 St Paul St. — ADDRESS Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06835

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase; MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase Md; STREET ADDRESS (If rural give location) Eastern Ave

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) Nevitt (Last) League Sr

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 10-1875

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Pa. R. R.

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm J. League

14. MOTHER'S MAIDEN NAME: Anna Rollins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs J. Nevitt League Eastern Ave Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1.5 I X Immediate cause (a) Carcinoma of Stomach — Interval Between Onset and Death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1st, 1952, to July 15, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James F. White M.D. 422 Eastern Ave Baltimore 21 Md 7/16/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 7/18/53; NAME OF CEMETERY OR CREMATORY: Ebenezer Meth Cem; LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 7/20/53; REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: Lassahn Funeral Home; ADDRESS: 7401 Belair Rd

RECEIVED
JUL 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10831

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6322 Frederick Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 6322 Frederick Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Frances (Last) List

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 6 1903

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Administrative Secty.

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Givt.

11. BIRTHPLACE (State or foreign country): Mass

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Nicholas J. Wallace

14. MOTHER'S MAIDEN NAME: Bridget O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Lewis A. List 6322 Fredercik Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

157X

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 1 Da

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) General Carcinomatosis — 1 yea

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 17, 52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953, to July 6, 1953 that I last saw the deceased alive on July 6, 1953 and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John F. Rutenberg M.D. Catonsville 7/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7-9-53

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG. July 8 1953

REGISTRAR'S SIGNATURE: George W Laumann

24. FUNERAL DIRECTOR ADDRESS: Forget & Finley Catonsville

O. E. Davey — mark

RECEIVED
JUL 0 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C3332

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural); MARYLAND; LENGTH OF STAY in this place Twenty; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Carmel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton, Md (Rural); STREET ADDRESS (If rural, give location) Monkton Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) LONG

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 28, 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Road Bldg.

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Long

14. MOTHER'S MAIDEN NAME: Hester Frantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 215-12-1863

17. INFORMANT AND ADDRESS: John R. Long, Sutherville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442.X Immediate cause (a) Cardio - Vascular - renal disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to July 23, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 1 P M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. M. France M.D. Parkton, Md. 7/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-26-53

NAME OF CEMETERY OR CREMATORY: Jessops Methodist

LOCATION (City, town, or county) (State): Sparks, Md.

DATE REC'D BY LOCAL REG.: July 27, 1953

REGISTRAR'S SIGNATURE: Mrs Howard S. Markline

24. FUNERAL DIRECTOR: F Scott Brooks

ADDRESS: Sparks, Md

RECEIVED
APR 21 1953
BUREAU V. S.

00533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (In this place): 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 156 Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): 156 Frederick Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) JAMES (Last) LOWREY

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/16/1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail sale of ice

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Isaac

14. MOTHER'S MAIDEN NAME: Eleanor Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-14-0514

17. INFORMANT AND ADDRESS: Mrs. Mildred F. Lowrey Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Acute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & Old age	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

429.1

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 1953, to 7-18, 1953, that I last saw the deceased alive on 7-18, 1953, and that death occurred at 7A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Ellicott City, Md. DATE SIGNED: 7-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/21/53	Good Shepherd Cemetery	Ellicott City, Md.

DATE REC'D BY LOCAL REG.: July 18, 1953 | REGISTRAR'S SIGNATURE: George W Seumann | 24. FUNERAL DIRECTOR: Eddison Jones ADDRESS: Ellicott City, Md.

RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00834

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Green Haven
STREET ADDRESS (If rural give location): 13th Street

3. NAME OF DECEASED (Type or Print): (First) ALFORD (Middle) R. (Last) MABEN

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-2-90

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sheet metal worker

10b. KIND OF BUSINESS OR INDUSTRY: Wash. Navy Yard

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) MYOCARDIAL INFARCTION — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 18, 1953, to July 21, 1953, [redacted] and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — ADDRESS — DATE SIGNED: 7-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/24/53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/22/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Tickner & Sons, Inc. North & Pa. Aves., Baltimore, Md.

VS. A15.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06835

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2008 Wilson Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Middle River
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2008 Wilson Point Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Mary Elizabeth (Last) Mann

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1953

5. SEX: female **COLOR OR RACE:** white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 27, 1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lotz

14. MOTHER'S MAIDEN NAME: Mary Ragan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. James B. Mann, 2008 Wilson PointRd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 x

Immediate cause (a) Carcinoma of Left Breast — Interval Between Onset And Death 16 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Metastases to Brain

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: April 1952 **19b. MAJOR FINDINGS OF OPERATION** Carcinoma of Left Breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19, 1952 to July 23, 1953 that I last saw the deceased alive on July 22, 1953, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

SIGNATURE Frederick Foska (Degree or title) M.D. ADDRESS 2232 E. Kommens St. Balto. 5 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 25, 1953 NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/24/53 REGISTRAR'S SIGNATURE Vincent Redmond

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5605 Harford Road #4

Dr. Vincent Joska
2623 E. Monument St.
8-9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 006836

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nursing Home 511 Bloomingdale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) (Last) Marshall

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1953

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 4, 1873

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Polk Wilson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Earl W. Marshall 1706 Carswell St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardio-Vascular Disease	4 Years
	(c) DUE TO Old Age	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1953, to 7/11, 1953, that I last saw the deceased alive on 7/10, 1953, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Elliot W. Jamison M.D. 3432 Druid Park Ave

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/13/53

NAME OF CEMETERY OR CREMATORY: Cambridge

LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG. July 11, 1953

REGISTRAR'S SIGNATURE: George W. Jamison

24. FUNERAL DIRECTOR ADDRESS: Howard H. Hubbard, 2503 Edmondson Ave.

VS A15 51

RECEIVED
JUL 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

DC837

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 17 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Heights Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural give location) Westminster Road X

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) James Martin (Last)

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. 23, 1888

9. AGE Last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter self employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Martin

14. MOTHER'S MAIDEN NAME: Sarah Moser

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Raleigh Strother, Brentwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Cerebral embolus — 5 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary occlusion — 6 yrs
DUE TO
(c) hypotension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓ — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) ✓ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ — (CITY OR TOWN) ✓ — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) ✓ (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-1-~~19~~ 1930 to 7-18-53, that I last saw the deceased alive on 7-18-53, and that death occurred at 1105 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. Sahli M.D. — ADDRESS Reisterstown Md — DATE SIGNED 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 22, 1953 — NAME OF CEMETERY OR CREMATORY Finksburg Cemetery — LOCATION (City, town, or county) (State) Finksburg Carroll Co, Md.

DATE REC'D BY LOCAL REGISTRAR 7-20-53 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS J.F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06838

Reg. Dist. No. 3 / .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
LENGTH OF STAY (in this place): 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Offutt & migan Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: Balt
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
STREET ADDRESS (If rural give location): Offutt & Migan Roads

3. NAME OF DECEASED: (Type or Print) (First) Hugo (Middle) E. (Last) Martinez

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov-20 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Herbert Martinez, Offutt & Migan Rd. Randall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

157X

Immediate cause — (a) Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Carcinoma of Pancreas

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19.5.0, to 7/4/53, that I last saw the deceased alive on 7/4/53, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Martinez M.D. — ADDRESS: Randallstown Md — DATE SIGNED: 7/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-6-1953 — NAME OF CEMETERY OR CREMATORY: Mt. Olive — LOCATION (City, town, or county): Randallstown, Md (State)

DATE REC'D BY LOCAL REGISTRAR: 7/5/53 — REGISTRAR'S SIGNATURE: Norris Martin

24. FUNERAL DIRECTOR: Frank H. Purnell — ADDRESS: Pikesville, Md.

RECEIVED
JUL 13 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08339

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sutherville; LENGTH OF STAY (in this place) 2 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Conv. Home; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md, COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Allender Road; STREET ADDRESS (If rural give location) Baltimore County Md

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Patrick (Last) Meagher

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): No

8. DATE OF BIRTH: July 16, 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Manager Laundry Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Meagher

14. MOTHER'S MAIDEN NAME: Emma Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Peter P. Meagher, Cherry Lahare, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psoriasis, generalized

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53, to present, 19....., that I last saw the deceased alive on July 11, 19 53, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE: Ernest C. Brown Jr. (Degree or title) ADDRESS: 1101 N. Calvert St DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 7/20/53; NAME OF CEMETERY OR CREMATORY: New Cathedral; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7/20/53; REGISTRAR'S SIGNATURE: Dora Hedrick

24. FUNERAL DIRECTOR: H. W. Meade and Son; ADDRESS: 505 N. Calvert St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (In this place): 18 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 24 Chandelle Rd.,

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J (Last) MILLER

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-2-35

9. AGE last birthday: 18 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paint Sprayer

10b. KIND OF BUSINESS OR INDUSTRY: Tractor Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph J. Miller

14. MOTHER'S MAIDEN NAME: Mary E. Davies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 4-9-52 to 5-22-52

16. SOCIAL SECURITY NO.: 219-30-9194

17. INFORMANT AND ADDRESS: Clin. Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myelogenous leukemia

882.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) History of chemical poisoning

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-25-53

19b. MAJOR FINDINGS OF OPERATION: BIOPSY - Sternal mass

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Industrial (CITY OR TOWN): Alban Tractor Co.-Balto., Md. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): December ?1952 m. INJURY OCCURRED While at work [X] Not while at work [ ]

HOW DID INJURY OCCUR? Worked with solvent known as Dupont paint & enamel thinner-used as a spray

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X] suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE: William Krantz (Degree or title): Ass't. Medical Examiner ADDRESS: 700 Fleet St.-Balto. 2, Md. DATE SIGNED: July 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 7-8-53 NAME OF CEMETERY OR CREMATORY: Moreland Memorial LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/7/53 REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home 6009 Harford Rd., Baltimore, Md. Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7570

CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If any item is not known, please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): T. Lloyd Mitchell, Sr.

2. DATE OF DEATH: 7/31/'53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2530 Wycliffe Road
c. Length of stay in Baltimore: 61 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Maryland
D. STREET ADDRESS (If rural, give location): 2530 Wycliffe Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/17
9. AGE (In years last birthday): 61 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Manager
10B. KIND OF BUSINESS OR INDUSTRY: Kress Farm Dairy
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Roland Mitchell
14. MOTHER'S MAIDEN NAME: Elizabeth Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: T. Lloyd Mitchell, Jr. 911 Bean Court

CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

MEDICAL

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Sept, 1945, *to* July 31, 1953, *that I last saw the deceased alive on* 25 July, 1953, *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward L. Mol, M. D.
23B. ADDRESS: 7425 Harford Rd Balto 14
23C. DATE SIGNED: 3 August 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/4/'53
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: A. W. Kedrick when
25. FUNERAL DIRECTOR ADDRESS: L. F. Ruck, 5305 Harford Road

VS-AIB-1

C K o

COPY SENT TO ~~LOCAL ILGISTHAP No.~~ DATE 8-31-53

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore.

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. 421

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 Md; LENGTH OF STAY (in this place) 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 N Symington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 Md.
STREET ADDRESS (If rural, give location) 11 N Symington Ave.

3. NAME OF DECEASED (Type or Print): (First) Rev. (Middle) Herman Robert (Last) Moore

4. DATE OF DEATH: (Month) July (Day) 3, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 7 1901

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baptist Minister

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Equality, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Moore

14. MOTHER'S MAIDEN NAME: Angeline Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 326-22-4552

17. INFORMANT AND ADDRESS: Mrs. Virginia E. Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 Day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic C.V.D. — 3 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 3, 1953, to July 3, 1953, that I last saw the deceased alive on July 3, 1953 and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Howard — ADDRESS Catonsville — DATE SIGNED 7-3-

23. BURIAL, CREMATION, REMOVAL (Specify): Interment Burial — DATE THEREOF 7-6-53 — NAME OF CEMETERY OR CREMATORY: Nassau Knolls Mem. — LOCATION (City, town, or county) (State): Port Washington, N.Y.

DATE REC'D BY LOCAL REG. 7/6/53 — REGISTRAR'S SIGNATURE V. E. Haney

24. FUNERAL DIRECTOR — ADDRESS: Easton Sons - 608 Frederick Ave. Catonsville, Md.

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6842

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural give location) Box 278 Route 15.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Philip	H	Muller	7	31	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	4-9-1886	67 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret Mechanic	Glenn L. Martin	Maryland USA	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Hamilton Muller	Florence Boone.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Agnes Muller Box 278 Route 15 Balto Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
26CX Immediate cause	(a) Arteriosclerosis, generalized	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Diabetes Mellitus, (severe)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?
m.			

22. I hereby certify that I attended the deceased from July 29, 1953, to July 31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Spring Grove State Hospital, Catonsville, Md (V.R. Coburn III. D) ADDRESS DATE SIGNED 7/31/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/3/53	Woodlawn Cemetery	Woodlawn	Maryland

DATE REC'D BY LOCAL REGISTRAR AUG 3 1953 REC'D

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St Paul St ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66643

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 Oakdale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 123 Oakdale Ave

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) OLIVER (Last) MURPHY

4. DATE OF DEATH: (Month) July (Day) 3, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-4-1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Textile Worker

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Murphy

14. MOTHER'S MAIDEN NAME: Lucy Oliver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-03-5015

17. INFORMANT & ADDRESS: John O. Murphy, Catonsville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4221

DUE TO (b) Cerebral Arterio Sclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) Generalized Arterio Sclerosis & degenerative C. V. D.

Interval Between Onset And Death: 2 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1951, to 7-3, 1953 that I last saw the deceased alive on 7-2, 1953 and that death occurred at 2 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) James Stowell ADDRESS Catonsville DATE SIGNED 7-3-

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-6-53

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) (State) Baltimore, Md/

DATE REC'D BY LOCAL REGISTRAR 7/6/53

REGISTRAR'S SIGNATURE V. E. Harvey mnt

24. FUNERAL DIRECTOR ADDRESS F. C. Higinbothom, Ellicott City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C 344

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8104 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) 8104 Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) (Last) Myers

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Nov. 11, 1867

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Seebode

14. MOTHER'S MAIDEN NAME: Augusta Klessell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles H. Sabins 1817 Chilton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4437 Immediate cause (a) Cardiac failure — Interval between onset and death: 2 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage — no

(c) arterio-sclerotic cardio vascular disease with hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture left femur — 9 mo

CERTIFICATION APPROVED BY (CHIEF OR ASSISTANT) M.D.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) (COUNTY) Baltimore (STATE) Md

TIME OF INJURY (Month) Oct (Day) 1 (Year) 1952 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell out of bed

22. I hereby certify that I attended the deceased from 1949, 19....., to July 17, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 10:50 P m., from the causes and on the date stated above.

SIGNATURE Joseph Kucek (Degree or title) M.D. ADDRESS 423 Eastern Ave Balto. 21, Md DATE SIGNED 7/18/53

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE 7/21/53 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 7-20-53 — REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR — ADDRESS Wm. Otto Jr. 1217 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45-1

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 W. Cheaspeak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Penna COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Kate (Middle) Graham (Last) Myrick

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 15, 1863

9. AGE last birthday: 89 years yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Graham

14. MOTHER'S MAIDEN NAME: ? Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Geo. Myrick 5415 Springlake Way. Balt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Arteriosclerosis - general and cerebral — Interval between onset and death: 15 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1948, to July 15, 1953 that I last saw the deceased alive on July 8, 1953, and that death occurred at 11:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Holmes Boyd, M.D. 24 E. Fogel St July 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: July 19, '53
NAME OF CEMETERY OR CREMATORY: Laurel Hill
LOCATION (City, town, or county) (State): Philadelphia, Penna.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
A. B. Hedrich, mmd.

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons, N.&Penna. Aves
ADDRESS

RECEIVED
JUL 21 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Balto. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 421 Dorsey Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 421 Dorsey Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) L. (Last) Neimiller

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 16-1884

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Neimiller

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-03-8504

17. INFORMANT AND ADDRESS: Charles & Fred Neimiller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[illegible] 7/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 7-1953 | NAME OF CEMETERY OR CREMATORY: Morelands | LOCATION (City, town, or county) (State): Taylor Ave. Md.

DATE REC'D BY LOCAL REG.: 7/7/53 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: John J. Connelly | ADDRESS: Essex Md.

VS/A15.1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]47

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 MOFFETT AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 509 MOFFETT AVENUE

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) BROWN (Last) NEUWILLER

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 18, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RET. CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: THOMAS B. NEUWILLER, JR, 4503 MAY AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular Disease — 2 yrs

DUE TO

(c)

422.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to July 23, 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Balto 6 Md — DATE SIGNED 7/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 7/27/53 — NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7/24/53 — REGISTRAR'S SIGNATURE A. W. Hedges — 24. FUNERAL DIRECTOR Wm Cook Inc., — ADDRESS 1212 ST. PAUL ST.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]348

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 6235 Woodcrest Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARTIN (Middle) E. (Last) NJURLING

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-31-93

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Oil Corp.

11. BIRTHPLACE (State or foreign country): Stockholm, Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Emma Jacobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 055-01-2223 Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) CEREBRAL VASCULAR ACCIDENT — Interval Between Onset And Death: UNKNOWN
331 X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO: (b)
DUE TO: (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-2-53

19b. MAJOR FINDINGS OF OPERATION: Tracheostomy - Frontal Trephine

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1953, to July 2, 1953, [illegible] and that death occurred at 8:50 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS DATE SIGNED

JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. 7-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 6, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7-6-53 — REGISTRAR'S SIGNATURE: A. W. Hoelich M.D.

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Road, Baltimore 14, Md.

Mildred J. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]549

CERTIFICATE OF DEATH

Reg. Dist. No. 4-9

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 91 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3126 Baybriar Road

3. NAME OF DECEASED: (First) ROBERT (Middle) H. (Last) O'HAVER
4. DATE OF DEATH: (Month) July (Day) 6 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	4-27-89	64 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Emorysville, W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John O'Haver
14. MOTHER'S MAIDEN NAME: Sarah Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 232-10-6394
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-5-10
Immediate cause — (a) CALCIFIC DISEASE OF AORTIC VALVE WITH — Interval Between Onset And Death: UNKNOWN
DUE TO INSUFFICIENCY AND STENOSIS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 19 53, to July 6, 19 53 and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MD.
DATE SIGNED: 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 9, 1953
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/7/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Howard Blight Funeral Home
ADDRESS: 6009 Harford Road, Baltimore 14, Md.
Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney | LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9410 Harford. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural give location) 9410 Harford. Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) I (Last) Osenburg

4. DATE OF DEATH: (Month) July (Day) 8th (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 8/25/80 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Balto. City MD | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edw. L. Meehan | 14. MOTHER'S MAIDEN NAME: Millie Fore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No. | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs M.A. Kitchenstein - 9410. Harford. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Embolism. — 3 Minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension. Myocarditis — 7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 10 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1939, to July, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 8 20 p m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Harold H Burns | M.D | 8106 Harford Rd | July 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/11/53 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem. | LOCATION (City, town, or county): Balto. | (State): MD

DATE REC'D BY LOCAL REG. 7/14/53 | REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR | ADDRESS: Lassahns Funeral Home 7401 Belair Rd.

Balto. 6. MD.

Dr. Harold. Burns
8106 Hartford. Rd.

RECEIVED
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PENTAGON U. S.

Item 9 Film C157 3/12/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 6313 Md. Ridge Road

3. NAME OF DECEASED (Type or Print): Cecilia (First) Ozazewski (Middle) (Last)

4. DATE OF DEATH: July 30 (Month) (Day) 1953 (Year)

SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Sept. 1893 | 9. AGE: Last Birthday: 60 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vincent Lewandowski

14. MOTHER'S MAIDEN NAME: Frances Byczinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Frank Ozazewski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Infarction	5 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio-Vascular-Renal Disease	10 yr.
	(c) Coronary Thrombosis	6 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Hemorrhage	7 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15 ....., 1945, to 7-30 ....., 1953, that I last saw the deceased alive on 7-29 ....., 1953, and that death occurred at 10.25 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas K. Gallagher	M.D.	Catonsville 28 Md.	8-1-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 3/53	Holy Rosary	Baltimore

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

1930 Fred W. Ozazewski Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3009 Dundalk Ave

3. NAME OF DECEASED (Type or Print): (First) August (Middle) H (Last) Parker
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	married	Nov 15 1882	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Ret
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dont Know
14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Anna M Parker 3009 Dundalk Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: ->

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis — 4 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. J. [illegible] Jr. M.D. 3009 Dundalk Ave 7/6/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JULY 8. 1953	OAK LAWN	COLGATE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-6-53	[illegible] M.D.	ULLRICH FUNERAL HOME	2112 DUNDALK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A155

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

53

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dist. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Inn. Annapolis

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS 6706 [illegible] (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) Parker
4. DATE OF DEATH: (Month) (Day) (Year) 19[illegible]

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: [illegible] yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
Immediate cause (a) Hyperpyrexia
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Carcinoma
(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Sigmoid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to July 18, 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 1:40 P. M., from the causes and on the date stated above.
SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-21-1953	St. Anne's	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/20/53	A. W. Hedrick	G. Howard Strong 3207 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]54

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 5-51

1. PLACE OF DEATH: Eudowood Hospital
COUNTY of Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 704 E. 34th St.
STREET ADDRESS (If rural, give location) Baltimore Maryland

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) (Last) PALMER

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: Nov. 18, 1892

9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Molder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: URIAS DAVIS PALMER

14. MOTHER'S MAIDEN NAME: LYDIA ANN MENCHEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-2600

17. INFORMANT & ADDRESS: Personal History / Hospital Records Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
002K
Immediate cause (a) Pulmonary Tuberculosis - DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1953, to 7/25, 1953, that I last saw the deceased alive on 7/25, 1953 and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE Melvin B. Collins (DEGREE OR TITLE) M.D. ADDRESS Eudowood Sanatorium - Towson, 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 28-1953

NAME OF CEMETERY OR CREMATORY St. Mary's (Hampden)

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. 7/27/53

REGISTRAR'S SIGNATURE A W Jedrich

24. FUNERAL DIRECTOR Bland Funeral Home, 2424 Falls Road

ADDRESS

2c2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Co — LENGTH OF STAY (In this place): 9 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Craddock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1900 North East ave Hallethorpe Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry		Payne	7	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Col		Jan 9 07	46 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter		Virginia	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Payne	Mollie Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Ethel Wyatt 1028 n augusta St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331/x

Immediate cause (a) Paralysis of Throat + Mouth — Interval between Onset and Death: July 17 to July 24

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) (Secondary) Cerebral Hemorrhage — July 17, 1953
(c) Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 17, 1952, to July 24, 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 1201 A.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] Woolridge	M D	R4 Box 217 Elkridge 27 Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-28-53	Mt Calvary Cem	A. A. Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/28/53	C W Hedrick	Wagner & Gantz	217 E. Preston St

22

1900 N. East ave
Halethorpe Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Lutherville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 6635 Ritchie Highway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROLAND	N.	PHELPS	July	22	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	1 - 28 - 73	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer, retired	crop farmer	Anne Arundel County	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rufus Dalis Phelps	Addie Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Chester Cromwell 6407 Ritchie Highway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/1/1

Immediate cause (a) Broncho pneumonia — Interval between onset and death: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 19 53, to 7/21/53, 19....., that I last saw the deceased alive on 7/21, 19 53, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS 1101 N. Calvert St., Balto., Md. DATE SIGNED 7 - 23 - 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7 - 24 - 53	Cedar Hill	Brooklyn, A.A.County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/24/53	A. W. Hedrick	John O. Mitchell & Sons, Inc. - M. B. Mitchell	1900 Eastern Place Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gum Spring Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde P.O.
STREET ADDRESS (If rural, give location) Harford Rd.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) H. (Last) PLAINE
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		12/21/1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	McMahon Trans.Co.	Frederick Co., Md.	USA

13. FATHER'S NAME: Oliver F. Plaine
14. MOTHER'S MAIDEN NAME: Margaret Schoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	1924-28	219-05-9715	Mrs.Geo.H. Plaine Sr. Hyde P.O., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary artery disease, severe	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Healed myocardial infarcts Cardiac hypertrophy and dilatation	
	(c) Pulmonary edema	

4/30

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph A. Jachimczyk M.D.	700 Fleet St.-Balto. 2, Md.	July 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	July 16 1953	Balto. National	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 15-1953	Mrs. M.E. Reynolds	Loveless Funeral Home	7401 Belair Rd

VS. A16A

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Existing Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3223 Leeds st

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) J (Last) Pusey

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Nov 18 1863

9. AGE last birthday: 89 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Joiner

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Pusey

14. MOTHER'S MAIDEN NAME: Ann McHugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Miss Ethel McDowell 3223 Leeds st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) Arteriosclerotic Cardiac - Vascular
DUE TO
Antecedent cause(s) Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to July 8, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wm. Langhlin, M.D. ADDRESS 4508 Edmondson Village DATE SIGNED 7/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-11-53

NAME OF CEMETERY OR CREMATORY Cathedral

LOCATION (City, Town, or County) (State) Wilmington Del

DATE REC'D BY LOCAL REG. July 10, 1953

REGISTRAR'S SIGN. George W Laumann

FUNERAL DIRECTOR Roger B Talley

ADDRESS Catonsville Md

RECEIVED
JUL 13 1953
BUREAU V. S.

Item 3: funeral director's statement 7-15-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BC. Reg. Dist. No. 4/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 10 hrs 15 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 2623 Miles Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
JOSEPH	P. R.	RAUCH	July	9	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	9-11-23	29 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Unknown	Hof, Germany	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Rauch	Rosa Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (260 A)	(a) DIABETES MELLITUS WITH ACIDOSIS	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3:30 PM July 8, 19 53, to 1:45 AM July 9, 19 53, and that death occurred at 1:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 7-9-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-13-53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/10/53	a. w. Andrus	Howard Blight Funeral Home 6009 Harford Road, Baltimore 14, Md. Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 9 E. Lafayette Avenue

3. NAME OF DECEASED: (First) CHARLES (Middle) E. (Last) REED

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-8-86

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Elevator operator

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Farmington, Maine

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Johns Reed

14. MOTHER'S MAIDEN NAME: Margaret Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 215-05-6671

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) INFARCTION OF MYOCARDIUM DUE TO ARTERIOSCIEROTIC — Interval Between Onset And Death: 21 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 19 53, to July 6, 19 53, [redacted], and that death occurred at 7:10 AM, from the causes and on the date stated above.

SIGNATURE [redacted] (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-9-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/7/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore 14, Md.

Mildred T. Blight

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown; LENGTH OF STAY (in this place) One year; HOSPITAL OR INSTITUTION OR STREET ADDRESS Court Gate

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Guyn Oak Summit; STREET ADDRESS (If rural, give location) 5408 GWYNNDALE AVE, BALTO 7, Md.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) MARGARETHA (Last) ROEHRLE

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 14, 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: Homekeeper

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rausch

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: DAUGHTER - EMMA STINE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Adam Stokes Syndrome — Interval Between Onset and Death: One week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arterio Sclerosis

(c) Congestive Heart Failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1951, to July 16, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 12:40 P. m., from the causes and on the date stated above.

SIGNATURE: Edwin E Pierpont, M.D. (Degree or title) ADDRESS: 8204 LIBERTY Rd BALTO. 7, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/18/53

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Balto., Md

DATE REC'D BY LOCAL REG.: 7/17/53

REGISTRAR'S SIGNATURE: A. W. Hedrich dmr.

24. FUNERAL DIRECTOR: Frank H. Purnell - Pikesville, Md. ADDRESS:

Items in red: Film G155 7/2/53 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7742

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): EDMOND RUNKLES

2. DATE OF DEATH: July 1, 1953

3. PLACE OF DEATH
A. Baltimore City/Maryland Arbutus
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1110 Courtney Rd.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbutus
D. STREET ADDRESS (If rural, give location): 1110 Courtney Rd.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 17, 1934
9. AGE (In years last birthday): 18 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Oscar C. Runkles
14. MOTHER'S MAIDEN NAME: Elizabeth Porter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Elizabeth Runkles — ADDRESS

MEDICAL CERTIFICATE

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Muscular Dystrophy — INTERVAL BETWEEN ONSET AND DEATH: 18 yrs
DUE TO

ANTECEDENT CAUSES

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(B) Purulent Sinusitis — Months

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1952, to July 1, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 9 A m., from the causes and on the date stated above.

23A. SIGNATURE: John P. Rubeck Jr M. D.
23B. ADDRESS: 1227 Wash. Blvd
23C. DATE SIGNED: 7-2-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 3, 1953
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Gem.
24D. LOCATION (City, town, or county) (State): Relay, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 7/2/53
REGISTRAR'S SIGNATURE: A. W. Hedrich DMR
25. FUNERAL DIRECTOR — ADDRESS: Joseph T. Ambrose, Jr. 1328 Sulphur Spg. Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]63

CERTIFICATE OF DEATH

Reg. Dist. No. 3 7

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 347 Ilchester Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) E. (Last) RUTLEDGE

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 23, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Morgan

14. MOTHER'S MAIDEN NAME: [illegible] Delcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): –
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Nathan E. Rutledge-347 Ilchester Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [redacted] TO: Myocarditis — Interval Between Onset And Death: unknown

422.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Endocarditis — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26 ,1953, to 7/26 , 1953., that I last saw the deceased alive on 7/23 ., 1953., and that death occurred at 11:15P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jos W Morgetroyd M D

ADDRESS: 401 E. 25th. St.

DATE SIGNED: 7/28/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/29/53

NAME OF CEMETERY OR CREMATORY: West Liberty Cem.

LOCATION (City, town, or county) (State): Harfoed Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 7-30-53

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Wm J. Tickner & Sons

ADDRESS: Baltimore 17, Md.

VS. A 25

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A(5)—1

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch cliff near Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Hendons Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NOTCH CLIFF NR TOWSON, MD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sister Mary (Middle) Francisceta (Last) Sack

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH May 13 1864 | 9. AGE last birthday 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS
11. BIRTHPLACE (State or foreign country) N. Y. City
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Sack
14. MOTHER'S MAIDEN NAME Elisabeth Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS St. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 / X

Immediate cause (a) BRONCHOPNEUMONIA — Interval between onset and death: 10 DAYS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIOSCLEROTIC HYPERTENSIVE

(c) CARDIO RENAL DISEASE — 15 YRS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 1952.., to July 19..., 1953., that I last saw the deceased alive on July 16..., 1953, and that death occurred at 12.25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sister Mary Francisceta Sack

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 7-22-53 | NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM. | LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON MD

DATE REC'D BY LOCAL REG. 7-20-53 | REGISTRAR'S SIGNATURE C. K. Hedrick M.D. | 24. FUNERAL DIRECTOR Charles S. Zeller | ADDRESS 901 S. CONKLING ST. BALTO. 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06865

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 220 Linden Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
STREET ADDRESS (If rural give location): 220 Linden Avenue

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Scandaliato

4. DATE OF DEATH: (Month) July (Day) 14th (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: April 30, 1895

9. AGE Last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Scandaliato

14. MOTHER'S MAIDEN NAME: Rose Guarrto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Angelina Scandaliato, 220 Linden Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) DUE TO: Coronary Thrombosis — 3 hrs.

Antecedent causes (b) DUE TO:
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to July, 19 53 that I last saw the deceased alive on July 14, 19 53 and that death occurred at 4:05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] A. Virzi, M.D. 256 Fairfield Ave. Md 7/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 17, 1953 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/15/53 — REGISTRAR'S SIGNATURE: [signature] Deputy — FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. Charles O'Donnell
7501 York Road
6-8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]366

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY in this place: 5 yrs. 1 mo. 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) (Seton Institute) 532 N. Gilmor St. (over)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) M. (Last) Schaub

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-29-1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Hays

14. MOTHER'S MAIDEN NAME: Mary Shannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Anemia and uremia — Interval Between Onset And Death: Over 7 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Non-functioning right kidney

DUE TO (c) Carcinoma of bladder with metastases

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic ht. dis. due to generalized arterio. Yrs.

19a. DATE OF OPERATION: J

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31-53, 1953, to 7-20-, 1953, that I last saw the deceased alive on 7-20-, 1953, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann (Degree or title) Greenwald ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 7-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7/22/53; NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery; LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 7-21-53; REGISTRAR'S SIGNATURE C. W. Hedrick M.D.

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

Residence by phone from Seton Institute 7-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C367

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 Rev. 1-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1005 Amran Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde
STREET ADDRESS (If rural, give location) 1005 Amran

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Schenkel

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 24, 1877

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B&O Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Schenkel

14. MOTHER'S MAIDEN NAME: Alice Riston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-7813

17. INFORMANT & ADDRESS: Thomas E. Schenkel 6520 Banbury Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1953, to July 4, 1953, that I last saw the deceased alive on July 4, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Lauseder C. Koch (DEGREE OR TITLE) M.D. ADDRESS 6805 York Rd DATE SIGNED 7/5/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 7-1953 — NAME OF CEMETERY OR CREMATORY Louden Park Cemetery — LOCATION (City, town, or county) Baltimore (State) md

DATE REC'D BY LOCAL REG. 7/6/53 — REGISTRAR'S SIGNATURE A. W. Hedrich am H.

24. FUNERAL DIRECTOR Glenn F Leif — ADDRESS 5209 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): John C. Schneider

2. DATE OF DEATH: JULY 27 1953

3. PLACE OF DEATH: (A) Baltimore City, Maryland 4002 Taylor Ave (B) FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Overlea

c. Length of stay in Baltimore: 55 YRS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: MARYLAND B. COUNTY: BALTO. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLEA. D. STREET ADDRESS (If rural, give location): 4002 TAYLOR AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
MALE	WHITE	WIDOWED	DEC 16 1878	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER

10B. KIND OF BUSINESS OR INDUSTRY: BARBER SHOP.

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SABESTIAN SCHNEIDER

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 212-01-7562

17. INFORMANT: MARIE F. SCHNEIDER ADDRESS: 4002 TAYLOR AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

19A. DATE OF OPERATION: 3-5-53

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Head Pancreas

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* 7/25, 1953, *that I last saw the deceased alive on* 7-25-, 1953, *and that death occurred at* 830A *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. W. Peake M. D.

23B. ADDRESS: 4508 Harford Road

23C. DATE SIGNED: 7/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: JULY 30 1953

24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD MD

DATE RECEIVED BY LOCAL REGISTRAR: 7/28/53

REGISTRAR'S SIGNATURE: A. W. Hedrick JST

25. FUNERAL DIRECTOR: Dubbel Bro ADDRESS: 7110 BELAIR RD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. The correct age is especially important. Please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00068

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (In this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 00-24
STREET ADDRESS (If rural give location): 715 St. Paul Street

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) J. (Last) SCHNEIDER

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	6-18-16	37 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Unknown	Altoona, Pennsylvania	U. S. A.

13. FATHER'S NAME: Henry Schneider

14. MOTHER'S MAIDEN NAME: Bessie Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
✓ Yes	WW II	182-22-3894	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause — (a) LOBAR PNEUMONIA, CAUSE UNDETERMINED — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1953, to July 14, 1953, deceased saw and that death occurred at 7:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William B. VanDegrift, M.D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 7-15-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-16-53	Calvary Cemetery	Altoona, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 7/16/53 — REGISTRAR'S SIGNATURE: A.W. Hedrick — 24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd., Baltimore, Md.

SHIP TO: Lafferty Funeral Home 2305 Broad Ave., Altoona, Pa. Mildred I. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]70

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital, Catonsville, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]; CITY OR TOWN Riverdale; STREET ADDRESS (If rural give location) 5700 East Pine Drive

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Etta (Last) SHANANBERGER

4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 10/28/1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Fisher

14. MOTHER'S MAIDEN NAME: Sophie Moss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Heart failure

DUE TO (b) Generalized hardening of the arteries

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) old age

Interval Between Onset And Death: ...

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: old fracture of the right hip

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6 ,19 53 to 7/17 , 19 53, that I last saw the deceased alive on 7/16 , 19 53, and that death occurred at 12:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Bruno Radauskas, M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 7/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF July 17 53 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) (State) Prince Georg Co. Md.

DATE REC'D BY LOCAL REGISTRAR July 17, 1953 REGISTRAR'S SIGNATURE Evelyn W Saumann

24. FUNERAL DIRECTOR Roy To Parker ADDRESS Laytonsville Md

by Francis H Parker

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15-T

RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
MARYLAND LENGTH OF STAY (in this place) 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1472 WOODALL ST.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E. (Last) SHIFFLETT
4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Mm.
M	W	M	7-29-1870	82 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? LAYTON
14. MOTHER'S MAIDEN NAME: — MAHLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: RECORDS - SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIO-RESPIRATORY FAILURE DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTEROSCLEROTIC HEART DISEASE DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/20, 1953 to 7/6, 1953, that I last saw the deceased alive on 7/6, 1953; and that death occurred at 6 26 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. S. Williamson M.D. Spring Grove State Hosp. 7/6/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7/7/53	Harrisonburg	Va

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/7/53	A W Redmiles	W. M. Cook Inc.	121 St. Paul St.

VS. 15 T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Loch Raven-lower dam

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto.
STREET ADDRESS (If rural, give location): 3018 Walbrook Ave.-2nd floor

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALFONZO		SIMMONS	July	13	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	Feb. 14, 1935	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Office Boy		Avera Ga.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfonzo Simmons	Margaret Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Alfonzo Simmons Sr. 3018 Walbrook Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 **Immediate cause** (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary edema

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Water	Loch Raven Dam	Balto.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
7/13/53 4:10 P.m.		Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph G. Jachimczyk M.D. Ass't. Medical Examiner	700 Fleet St.-Balto. 2, Md.	July 14, 1953

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/16/1953	Avera Cem.	Avera Ga.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/16/53	H.D. Hedrick	Wm. Tate R. Williams	722 N. Johnson St.

V.S. Aids

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

NC873

1. PLACE OF DEATH: COUNTY Ballo — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville, Balto — LENGTH OF STAY (in this place) 1 yr
~~HOSPITAL OR INSTITUTION~~ OR STREET ADDRESS 3212 Texas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ballo
STREET ADDRESS (If rural, give location) 3212 Texas Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	HATTEN	SINCLAIR	July	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Fem	White	W.D.	Aug 23 1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Ballo Md.	U.S.A.

13. FATHER'S NAME John Hatton

14. MOTHER'S MAIDEN NAME Laura Arnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	—	Daugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155x Immediate cause (a) Generalized Carcinoma

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Gall Bladder.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 53	Carcinomatosis Primary Gall Bladder	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from July 1, 1953, to July 25, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 11:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank T. Kanck, Jr. ADDRESS 7045 Harford Rd DATE SIGNED 7/26/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28, 1953	Greenmount Cem,	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-28-53	L	Henry Sander & Sons Inc. Baltimore Md. Geo. H. Sander

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]74

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Marsh
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cowenton Rd. near Phila. Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Marsh
STREET ADDRESS (If rural give location): Cowenton Rd., near Phila. Rd.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) PEARL (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 9, 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Fishpaugh

14. MOTHER'S MAIDEN NAME: Bertie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Robert F. Smith - White Marsh, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) [illegible] DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) [illegible] DUE TO

(c)

Interval Between Onset And Death: [illegible] yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 2, 1953 that I last saw the deceased alive on July 1st, 1953 and that death occurred at [illegible] from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 7/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF July 6, 1953 — NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery — LOCATION (City, town, or county) Towson, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 7-5-53 — REGISTRAR'S SIGNATURE W Mastermatt

24. FUNERAL DIRECTOR John Burns' Sons — ADDRESS Towson, Maryland

RECEIVED
JUL 16 1953
BUREAU V.

Item 21 Wlm 3147 8-7-53 ams
*by phone Offutt Home " "

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN Sockeysville; MARYLAND; LENGTH OF STAY (in this place) 4 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Noah Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY OR TOWN [illegible] d Towson; STREET ADDRESS (If rural, give location) 513 W. Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) Cornelia; (Middle) Parks; (Last) Smith

4. DATE OF DEATH: (Month) July; (Day) 24; (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 20, 1863

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Towson, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Parks

14. MOTHER'S MAIDEN NAME: Martha Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Simon Kemp 513 W. Joppa Rd Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c) Fracture of left hip

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) Apr. (Day) 15 (Year) 53 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell on floor

22. I hereby certify that I attended the deceased from June 10 1948, to July 24 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lauriede C. Tosh M.D. 6805 York Rd 7/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-27-53

NAME OF CEMETERY OR CREMATORY: Prospect Hill Park Cemetery

LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: July 25. 1953

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: [illegible] ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]76

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto Ind
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin Md
MARYLAND LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin / Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) R. (Last) Smith

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 6 - 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Hagan

14. MOTHER'S MAIDEN NAME: Regina Streeper

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Sylvester Danenmann Baldwin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Chronic Cardiac Insufficiency — Interval Between Onset And Death: 3 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO [illegible]
(c) Arteriosclerosis — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1920, to July 29, 1953, that I last saw the deceased alive on July 29, 1953 and that death occurred at [illegible], from the causes and on the date stated above.
SIGNATURE Walter M Emmett (Degree or title) ADDRESS Baldwin DATE SIGNED 7-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 31-53 NAME OF CEMETERY OR CREMATORY St. Johns R.C. LOCATION (City, town, or county) Long Green (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 30-53 REGISTRAR'S SIGNATURE C E. Arthur

24. FUNERAL DIRECTOR C. E. Arthur ADDRESS Fork Md.

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]377

CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randall Town Baltimore — LENGTH OF STAY (in this place) 5 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3704 MILFORD MILL RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE X 7
STREET ADDRESS (If rural give location) 3704 MILFORD MILL RD

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) FRANK (Last) SPAHN

4. DATE OF DEATH: (Month) JULY (Day) 11 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: NOV. 17-1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): TAILOR

10b. KIND OF BUSINESS OR INDUSTRY: CLOTHING —

11. BIRTHPLACE (State or foreign country): BALTIMORE CITY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: MR. HENRY SPAHN - 3704 MILFORD MILL RD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — Interval Between Onset And Death: 1 DAY

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) HYPERTENSIVE C.V. DISEASE — 5 YEARS

DUE TO (c) GENERALIZED - SEVERE ARTERIOSCLEROSIS - 10 YEARS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X — 19b. MAJOR FINDINGS OF OPERATION X — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) X — PLACE (Home, farm, factory, street, office bldg., etc.) X — (CITY OR TOWN) X — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from JAN. ..., 1950, to JULY 11, 1953, that I last saw the deceased alive on JULY 9, 1953 and that death occurred at 1:45 AM, from the causes and on the date stated above.

SIGNATURE Thomas E. Weeller (Degree or title) MD — ADDRESS Randallstown - Md - DATE SIGNED JULY 11-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-15-53 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) Balto. — (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/13/53 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Leonard J. Ruck — ADDRESS 5305 Harford

VS. A[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place) 53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keener Rd. Middle River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 1824 O'Dell Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) [redacted] (Last) STrockey
4. DATE OF DEATH: (Month) 7 (Day) 8TH (Year) 1953
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed.
8. DATE OF BIRTH: 7/7/78
9. AGE last birthday: 75 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress
10b. KIND OF BUSINESS OR INDUSTRY: Home Laundry
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wilhelm Wehmhoff
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Henry W. STrockey 4304 Willshire Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral thrombosis — 4 days

(c) Arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1953, to 7/8, 1953, that I last saw the deceased alive on 7/8, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE J. Blatt, M.D. (Degree or title) ADDRESS 4402 Reisterstown Rd. DATE SIGNED 7/9

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 7/11/53 | NAME OF CEMETERY OR CREMATORY Balto. Cem. | LOCATION (City, town, or county) Balto. City (State) MD

DATE REC'D BY LOCAL REG. 7/15/53 | REGISTRAR'S SIGNATURE Edith Hurley | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 7401 Belair Rd Balto. 6. MD

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Platt
430 Eastern Blvd.

RECEIVED
JUL 20 1953
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: York Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
STREET ADDRESS (If rural give location): York Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Stuller

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: June 18, 1906

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Surveyor - Linesman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Co. Metro. Dist.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey T. Stuller

14. MOTHER'S MAIDEN NAME: Annie V. Fishpaugh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 212-10-9336

17. INFORMANT & ADDRESS: Mrs. Betty Lee Groth, Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: Few Minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — 3 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1946, to 7/23, 1953, that I last saw the deceased alive on 7/23, 1953, and that death occurred at 7:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Bennett E. Stacy M.D. — ADDRESS: Lutherville — DATE SIGNED: 7/25/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 27 1953 — NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery — LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REGISTRAR: 29 July 1953 — REGISTRAR'S SIGNATURE: Emma Dennis Fred MacRae

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Md.

RECEIVED
JUL 28 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix | LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Samuel (Last) TRAPP

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan. 3, 1879 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Balto Co. Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel Trapp | 14. MOTHER'S MAIDEN NAME: Anne Gantner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: 220-24-0253 | 17. INFORMANT AND ADDRESS: Walter Pearce, Phoenix, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio - Vascular - renal disease

114 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1953, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

C. M. Frame M.D. Parkton, Md 7/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7-16-53 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel | LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REG.: 7/16/53 | REGISTRAR'S SIGNATURE: M. Elizabeth Gorsuch | 24. FUNERAL DIRECTOR: J. Scott Brooks | ADDRESS: Sparks, Md

RECEIVED
JUL 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 381

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton; MARYLAND LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Carmel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton; STREET ADDRESS (If rural give location) Mt Carmel Rd

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Clarence (Last) Turnbaugh

4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 17, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Turnbaugh

14. MOTHER'S MAIDEN NAME: Frances Foster

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Wm H. Mays Parkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 15 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Sclerosis — 2 yrs

DUE TO

(c)

(260X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to 7-13, 1953, that I last saw the deceased alive on 7-11, 1953, and that death occurred at 10:30 am, from the causes and on the date stated above.

SIGNATURE M. C. Penfield (Degree or title) M.D. ADDRESS Hampstead Md DATE SIGNED 7-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7-16-53; NAME OF CEMETERY OR CREMATORY Mt. Carmel; LOCATION (City, town, or county) Parkton (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/16/53; REGISTRAR'S SIGNATURE N. Elizabeth Gosnell

24. FUNERAL DIRECTOR J. Scott Brooks; ADDRESS Sparks, Md

VS. A15

RECEIVED
JUL 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1953)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1 NAME OF DECEASED (Type or Print): BALTIMORE Mrs. Mary Van Dyke Tweedy

2 DATE OF DEATH: July 2, 1953.

3. PLACE OF DEATH: A Baltimore City, Maryland

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Armacost Nursing Home

c Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A STATE Md. B. COUNTY Talbot

c CITY OR TOWN (If outside corporate limits, write RURAL and give township): Easton - Oaklands Zn-32

D. STREET ADDRESS (If rural, give location)

5 SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min
female	white	widowed	Feb. 27, 1863	90		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
none		Wisconsin	

13. FATHER'S NAME: John Van Dyke

14. MOTHER'S MAIDEN NAME: Mary Douglas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT ADDRESS
none	none	Mr. John Vandyke Tweedy-5706 Belmore Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e g, heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 hours

DUE TO 331X

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis, cerebral arteriosclerosis, previous cerebral hemorrhage.

DUE TO

(C) Arteriosclerosis generalized. Hypertension.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Age.

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 18? YES ☐ NO ☐ WAS AUTOPSY PERFORMED? YES ☐ NO ☐

22. *I hereby certify that I attended the deceased from* June 4, 1953, *to* July 2, 1953, *that I last saw the deceased alive on* July 2 1953 *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23A SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D	18 E. Eager St., Balto. 2, Md	July 3, 1953.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24C. LOCATION (City, town, or county) (State)
Removal	7/5/53	Forest Home Cem.	Milwaukee, Wisconsin

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUL 4 1953	Delia M. Bacon	Wm. F. Pickner & Sons	

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. If correct age is especiant.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

Item 3: Drum 2 161 2/15/54 Dmt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

83

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4414 GLENMORE AV

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 4414 GLENMORE AV

3. NAME OF DECEASED (Type or Print): (First) HATTIE (Middle) H. DWIG (Last) URBAN

4. DATE OF DEATH: (Month) JULY (Day) 9 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB 2 1860

9. AGE last birthday: 93 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U-S-A

13. FATHER'S NAME: CHARLES SCHREIBER

14. MOTHER'S MAIDEN NAME: SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: JOHN URBAN 4414 GLENMORE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL DEGENERATION	6 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SENILITY	5 yrs. +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1938, to 7/9, 1953, that I last saw the deceased alive on 7/9, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: H. Wmachen (Degree or title) M.D. | ADDRESS: 633 Belair Rd Balto (6) Md | DATE SIGNED: 7/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: JULY 13, 1953 | NAME OF CEMETERY OR CREMATORY: BALTIMORE | LOCATION (City, town, or county): BALTIMORE | (State): MD

DATE REC'D BY LOCAL REG. 7-13-53 | REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: VILLAICH FUNERAL HOME | ADDRESS: 2112 DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—1

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7206 Holabird Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Baltimore — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 7206 Holabird Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) D (Last) Vesper

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: Female — FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 30 1868

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: William H.Hilmer

14. MOTHER'S MAIDEN NAME: Marie Lange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Marie E.Vesper 7206 Holabird Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Arteriosclerotic C.V Disease	June 10/50
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	June 10/50
	(c) Congestive Failure	July 10/53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None	None		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None			m.		None

22. I hereby certify that I attended the deceased from June 10, 1950, to July 14, 1953, that I last saw the deceased alive on July 14, 1953, and that death occurred at 9:55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. G. Schimunek M.D.		842 S. East Ave	7-15-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 18 1953	Oaklawn	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/16/53	A W Hedrick	Henry Niemann & Son	4204 Ridgewood Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS G L. MARTIN Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 2025 Middleborough Rd

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Carlton (Last) Vestal
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. 3. 1897
9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marion Vestal
14. MOTHER'S MAIDEN NAME: Mary Tyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 237-12-4934
17. INFORMANT AND ADDRESS: Carrie Vestal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
I. I. Fo MD Lt Med. Corps, Edmondson Rd-Md 7/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-25-53
NAME OF CEMETERY OR CREMATORY: Oakhawn
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 7/24/53
REGISTRAR'S SIGNATURE: A. W. Hudnut
24. FUNERAL DIRECTOR: C. R. Brugdynski ADDRESS: 1407 Eastern Ave. Balto 2 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25 52 — LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest to) OR TOWN Truxton Annapolis
STREET ADDRESS (If rural give location) Truxton Heights

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) L. (Last) KRAUSE
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Single	10-30-1917	33 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cook		Virginia 43	U S A

13. FATHER'S NAME: Louis Krauss
14. MOTHER'S MAIDEN NAME: Lulu Wills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Unk.	Spring Grove Hospital Baconda

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X Immediate cause (a) Diabetic coma — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetic Mellitus — DUE TO

(c)

Interval Between Onset And Death: 2 days / Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency, Arteriosclerosis — Life

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-7- ..., 1953, to 7-16-, 1953, that I last saw the deceased alive on 7-16-, 1953 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	7-16-53	New Hope Cemt.	Lynchburg	Va

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 16, 1953	Victor E. Darry mmb	John M. Taylor Sons	Annapolis Md.

RECEIVED
JUL 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 57

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-51

1. PLACE OF DEATH: BALTO. COUNTY Howard CATONSVILLE, BALTIMORE COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Fairview Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1 Fairview Ave.

3. NAME OF DECEASED: (First) Luther (Middle) Wade (Last)

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 1-12-1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Frederick Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Wade

14. MOTHER'S MAIDEN NAME: Jane Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sarah Wade 1 Fairview Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) DUE TO: Mitral Insufficiency — Interval Between Onset and Death: 6 mo. 17 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO: Hypertensive Arteriosclerotic Heart Disease — P

(c)

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rt Side Hemiplegia — 7 yrs. 11 mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17, 19 45, to 7-16-, 19 53 that I last saw the deceased alive on 7-16-, 19 53 and that death occurred at 6.45 P m., from the causes and on the date stated above.

SIGNATURE Chas Maloney (DEGREE OR TITLE) MD ADDRESS 57 Winters Lane Catonsville DATE SIGNED 7/16/53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF 7-20-1953

NAME OF CEMETERY OR CREMATORY Western Star Cem

LOCATION (City, town, or county) Catonsville (State) Md

DATE REC'D BY LOCAL REG. 7-20-53

REGISTRAR'S SIGNATURE A. N. Hedrick M.D.

24. FUNERAL DIRECTOR Wm. Katie Williams N. Johnson

ADDRESS 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 UC388

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 6322 Dogwood Road

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) P. (Last) WEIKEL, JR.

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-14-97

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Huckster also carpenter

10b. KIND OF BUSINESS OR INDUSTRY: (Sel-employed)

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Weickel

14. MOTHER'S MAIDEN NAME: Helen Schaaf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF RIGHT LUNG — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 9 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 19 53, to July 18, 19 53, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift
(Degree or title) WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 7-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/21/53
NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/20/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons, Inc.
ADDRESS: North & Pa. Aves., Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Towson
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 615 Walker Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 615 Walker Avenue

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) Thecla (Last) Williams

4. DATE OF DEATH: (Month) July (Day) 9th (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 2, 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Schleicher

14. MOTHER'S MAIDEN NAME: Thecla Lang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. George B. Williams, Sr. 615 Walker Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of rt. ovary with generalized

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to bladder, colon, peritoneum, liver

(c)

INTERVAL BETWEEN ONSET AND DEATH: about 8 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Myocardial failure with Anasarca

19a. DATE OF OPERATION: 4-15-53

19b. MAJOR FINDINGS OF OPERATION: Primary Carcinoma with generalized metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1953, to July 9, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 10:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Harbold M.D. 4706 Harford Road -14 July 10, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 11, 1953

NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/10/53

REGISTRAR'S SIGNATURE: a. w. Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road #14

ADDRESS

JJ

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Harbold

side door

06890

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 53
LENGTH OF STAY (In this place) 30
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 FLAGSHIP Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 21 FLAGSHIP Rd.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) BIRD (Last) WILLIAMSON

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1953

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 5-31-1890

9. AGE last birthday: 63 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: OSCAR BIRD

14. MOTHER'S MAIDEN NAME: MARY MASTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: CLIFFORD J. WILLIAMSON SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of ovary — Interval between onset and death: 2 years

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 195.., to July, 1953, that I last saw the deceased alive on 27 June 1953, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. A. Pollard M.D. ADDRESS 2300 Dunraven Rd Dundalk-22-Md DATE SIGNED 4 July '53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 7-6-53

NAME OF CEMETERY OR CREMATORY: [illegible]

LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG: July 5-1953

REGISTRAR'S SIGNATURE: William M Kelly

24. FUNERAL DIRECTOR ADDRESS

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH
COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5309 Kenwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg.
STREET ADDRESS (If rural give location) 5309 Kenwood Ave. Balto. 6.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) J. (Last) Windisch

4. DATE OF DEATH (Month) 7 (Day) 9th (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 3/15/1886

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman.

10b. KIND OF BUSINESS OR INDUSTRY Eastern Rolling Mill

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Windisch

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 213-03-1756

17. INFORMANT Mrs. Chas. Windisch 5309 Kenwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cirrhosis of Liver — Interval between onset and death: 10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)
571.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1947, to July 9, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE Adam J. Lewis (Degree or title) M.D. ADDRESS 6232 Belair Rd. DATE SIGNED July 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/12/53 — NAME OF CEMETERY OR CREMATORY Zion Luth Cem. — LOCATION (City, town, or county) Balto. Co. (State) MD.

DATE REC'D BY LOCAL REG. July 10-1953 — REGISTRAR'S SIGNATURE Mrs. M. D. Reifsnider

24. FUNERAL DIRECTOR Lassahn Funeral Home — ADDRESS 7401 Belair Rd. Balto. 6. MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Adam Swiss
Belair Rd.

RECEIVED
APR 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 92

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard,
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station
STREET ADDRESS (If rural give location) 117 Main Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) R. (Last) WINSTON

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 4/1/07 | 9. AGE last birthday: 46 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Cocktail Lounge
11. BIRTHPLACE (State or foreign country): Sparrows Point, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Winston
14. MOTHER'S MAIDEN NAME: Basher MN: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 213-07-6368
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) HISTORY OF CHRONIC ALCOHOLISM	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) DELIRIUM TREMENS	2 days
	DUE TO (c) HYPERPYREXIA	1 day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14 ,1953., to July 17 ,19 53, that I last saw the deceased on [redacted] and that death occurred at 6:05 A.M., from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M.D. (Degree or title) ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 7/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 21 53 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-20-53 | REGISTRAR'S SIGNATURE C. V. Hedrick M.D.

24. FUNERAL DIRECTOR Snowden Funeral Home | ADDRESS 1129 Caroline Street Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 1902 Monroe Road

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) J (Last) Wodarczyk
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sing
8. DATE OF BIRTH: Jan 26 53
9. AGE last birthday: yrs. 3 | If under 1 year: Months 7 | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Daniel S Wodarczyk
14. MOTHER'S MAIDEN NAME: Barbara Lucich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Daniel Wodarczyk 1902 Monroe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

744.1 **Immediate cause** (a) Atmyotonia congenita. — Interval between onset and death: 3 months

Antecedent cause(s).

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to July 13, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 4 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David H. Ludwig M.D. | ADDRESS 33 Dundalk Ave Dundalk Md | DATE SIGNED 7/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 17/53 | NAME OF CEMETERY OR CREMATORY Parrel Heart Cem | LOCATION (City, town, or county) Balto Co | (State)

DATE REC'D BY LOCAL REG. July 15, 1953 | REGISTRAR'S SIGNATURE A. W. Hedrick Jr. | 24. FUNERAL DIRECTOR Welsh & Sons | ADDRESS Home 2112 Dundalk

26131-1404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson
LENGTH OF STAY (in this place): 2 mos. 12 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): 612 Prince George Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Julia	May	Wood	7	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	M	6/15/1888	65 yrs.	1	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Birch
14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Julia May Wood, 612 Prince George St., Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis; far advanced, active	About 12 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-------		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5/, 19 52, to 7/17, 19 53., that I last saw the deceased alive on 7/17, 19 53., and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Nurseman M.D., Supt. Mt. Wilson, Maryland 7/17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/21/53	St. Mary's Cemetery	Laurel, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/17/53	Helen M. Kerr	W.M.Chambers Co., 1400 Chopin St., N.W. Washington, D. C.

VS (Aug)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9.)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: BALTIMORE (COUNTY) MARYLAND (STATE)
CITY (If outside corporate limits, write RURAL) OR TOWN: Stoneleigh
LENGTH OF STAY (in this place): 29 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7000 BRISTOL AVE (12)

2. USUAL RESIDENCE (HOME) OF DECEASED: MARYLAND (STATE) BALTIMORE (COUNTY)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
STREET ADDRESS (If rural give location): 7000 BRISTOL AVE. (12)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HOFFMAN (Last) WOODEN
4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 19, 1884
9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): DENTIST
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: EDWALL WOODEN
14. MOTHER'S MAIDEN NAME: SARAH VALENTINE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: GORDON W. WOODEN 5115 PLYMOUTH ROAD, BALTIMORE 12, MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Coronary Occlusion	10 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Insufficiency	10 yrs.
	DUE TO (c) Arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1953, to July 27, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lloyd E. Saylor M.D. 3902 Greenmount Ave Baltimore 18 Md July 28 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 30, 1953
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 7/29/53
REGISTRAR'S SIGNATURE A.W. Hedrich
24. FUNERAL DIRECTOR ADDRESS Hamilton Funeral Home 4121 Harford Rd

JCL

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

396

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadowridge Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Meadowridge Road

3. NAME OF DECEASED (Type or Print): (First) EDGAR (Middle) ARNOLD (Last) WORSHAM

4. DATE OF DEATH: (Month) (Day) (Year) JULY 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 18, 1892

9. AGE last birthday: 60 yrs.

If under 1 year: Months — Days
If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Worsham

14. MOTHER'S MAIDEN NAME: Anna Hiltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — None

16. SOCIAL SECURITY NO.: 212-05-6757

17. INFORMANT AND ADDRESS: Mrs. Olive Worsham-Meadowridge Road-Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of the lung (left) — Interval Between Onset and Death: 6 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 30, 1953

19b. MAJOR FINDINGS OF OPERATION: Gland from left supra. clav. area (Verified 18a)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1953, to July 24, 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE: W. Grafton Hersperger (Degree or title) M.D. ADDRESS 214 Medical Arts Building DATE SIGNED 7/25/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-27-53 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG.: 7/27/53 — REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR: Wm. J. Faikner & Sons-Forth & Sons Inc. — ADDRESS: Balto. 7, Md.

JCL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06897

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 52
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 638 Aldershot Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 52
STREET ADDRESS (If rural give location): 638 Aldershot Rd.

3. NAME OF DECEASED: (First) SADIE (Middle) GILLESPIE (Last) WYNDE
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 19 53
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 9, 1872
9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): homemaker
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Ingram Gillespie
14. MOTHER'S MAIDEN NAME: Elizabeth Guyton
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Anna Wynde Leake - 638 Aldershot Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 450.0 (a) Bronchopneumonia — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1946, to 7/17, 1953, that I last saw the deceased alive on 7/16, 1953, and that death occurred at 12.50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Francis T. Dickey, MD 736 Northern Pky., Baltimore, Md. 7/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/20/53
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 7/20/53
REGISTRAR'S SIGNATURE: A. W Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06898

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines Home 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2794 The Alameda

3. NAME OF DECEASED: (First) WILLIAM (Middle) B. (Last) ZUMBRUN

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: January 26, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. R. R. Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Penna. R. R.

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Zumbrun

14. MOTHER'S MAIDEN NAME: Mary E. Bankhard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 717-07-7606

17. INFORMANT & ADDRESS: Mrs. Ethel E. Zumbrun, 2794 The Alameda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1 Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerotic Cardio-vascular Disease — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis — 5 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 6, to July, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE Loy M. Zimmerman (DEGREE OR TITLE) M.D. ADDRESS 2458 Harford Rd DATE SIGNED July 7, 53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF 7/9/53 — NAME OF CEMETERY OR CREMATORY Baltimore Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/8/53 — REGISTRAR'S SIGNATURE A. W. Heeris

24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street